



TEXAS
**Department of Family
and Protective Services**

Child and Family Services Reviews
Statewide Assessment
February 1, 2024

Statewide Assessment

The Texas Department of Family and Protective Services (DFPS), the Supreme Court of Texas Permanent Judicial Commission for Children, Youth and Families (Children’s Commission), and other key stakeholders from the Texas child welfare system welcome this opportunity to provide a Statewide Assessment in anticipation of the federal Round 4 Child and Family Services Review (CFSR) process scheduled for April 2024.

Each state has its strengths and opportunities for improvement, and Texas is no exception. Viewing the time between Round 3 (2015) and the present, Texas has met existing and new challenges with characteristic mission-driven dedication and determination to do our best to protect children and families involved with our child welfare system.

We look forward to collaborative work to continue efforts to improve where we can.

Stephanie Muth, DFPS Commissioner

February 1, 2024

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Section I: General Information

Texas Department of Family and Protective Services

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Section I- General Information

List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

Name	Affiliation	Role in Statewide Assessment Process
Jessica Allen	DFPS/CPS	Core Team Lead/Writing/Analysis
Elizabeth Kromrei	DFPS/CPS	Information/Writing/Analysis/Review
Jamie Bernstein	Executive Director of Texas Children's Commission	Information/Writing/Analysis/Review
Dylan Moench	Director of Legal Representation for Texas Children's Commission	Information/Writing/Analysis/Review
Brock Boudreau	DFPS/CPS Deputy Associate Commissioner	Review
Alex Salinas	DFPS/CPI- Investigations	Information
Nicole Williams	DFPS/CPI -Alternative Response/Investigations	Information
Hollye Pickett	DFPS/CPS- Permanency	Information/Writing/Analysis
Natalie Taylor	DFPS/CPS- Permanency	Information
Teresa Young	DFPS/CPS- Family Based Safety Services	Information
Jennifer Vincent	DFPS/CPS- Foster and Adopt	Information/Writing/Review
Todd Serpico	DFPS/CPS- Transitional Living	Information
Sierra Fischer	DFPS- Evaluations/Analytics	Information/Data/Analysis
Drew Allen	DFPS- Evaluations/Analytics	Information/Data/Analysis
Lindsey Van Buskirk	DFPS/CPS- Director of Field	Review
Rick Ortega	DFPS/CPS-Field	Information
Kaysie Taccetta	DFPS- Federal Funds	Information
Trina Ita	DFPS- Behavioral Health	Information/Analysis
Casey Houghton	DFPS/CPS- Medical and Behavioral Health	Information
Dr. Michal Pankratz	DFPS Physician	Information
Hollie Mims	Office of Community Based Care Transition	Information/Data/Review
Cecilia Ojeda	DFPS- Training	Information/Data/Writing/Review
Sandra Balderas	DFPS-Training	Information/Data/Writing/Review
Mosely Hobson*	DFPS- Disproportionality	Information
Sharibeth Niehaus	DFPS- Disproportionality	Information
Christine Steinberg	DFPS- Abuse Hotline	Information/Data/Writing/Review
Kathleen Ballee	Superior Health	Information
Jorge Gonzalez	Superior Health	Information
Dr. Ryan Van Ramshorst	HHSC- Chief Medical Director	Information
Susana Penate, M.P.H	HHSC- Medicaid/CHIP	Information
Deshaun Ealoms*	DFPS/CPS- Parent Specialist	Information
Kristen Harris	DFPS/CPS- Foster Adopt	Information/Writing/Review
Children's Commission Data Committee	Internal/External Stakeholders	Information/Data/Analysis/Input
Children's Commission and Collaborative Council*	Internal/External Stakeholders representing all facets of the child welfare system	Information/Data/Analysis/Input
Kinship Caregiver Group*	Lived Experience	Information/Input
Tribal Communities	Tribal	Information/Input

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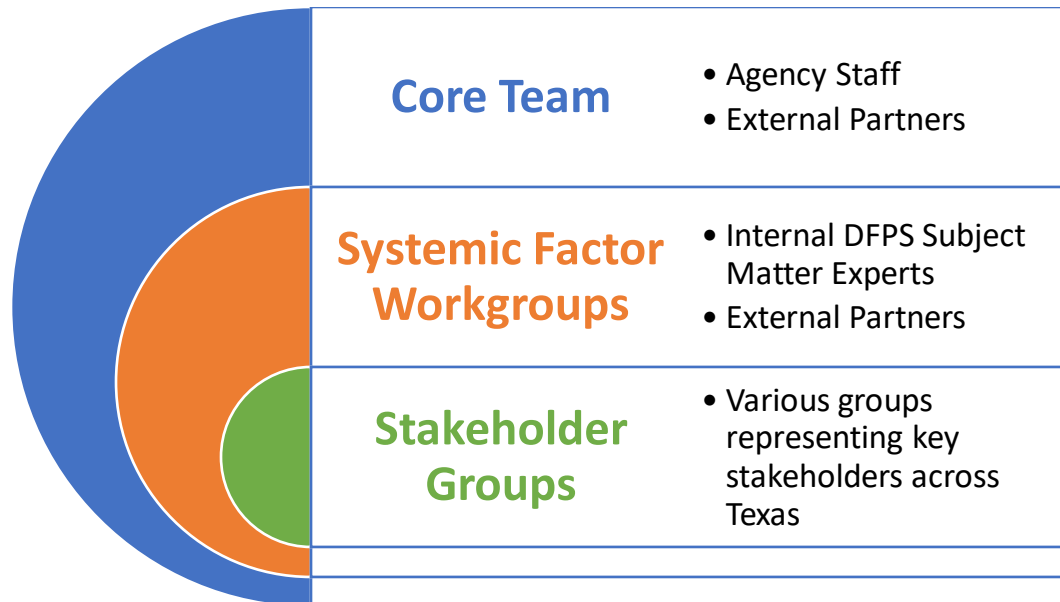
Parent Collaboration Group*	Lived Experience	Information/Input
Youth Leadership Council*	Lived Experience	Information/Input
Agency Regional Leadership	DFPS- CPS and CPI Leadership (all Regional Directors) CBC – SSCC Leadership (Director equivalent)	Information/Data/Analysis/Input
Child Welfare Judges Conference	Judiciary with full time child welfare dockets	Information/Data/Analysis/Input
CIP Multi-disciplinary Task Force	Internal/external stakeholders	Information/Data/Analysis/Input
Committee on Advancing Residential Practices (CARP)	Internal/External stakeholders – Residential Providers	Information/Data/Analysis/Input
Public Private Partnership (PPP)	Internal/External Stakeholders-guiding Community Based Care implementation, variety of stakeholders	Information/Data/Analysis/Input
Behavioral Health and Medical Hospital Stakeholder Committee	Internal/External Stakeholders – subcommittee of stakeholder group representing public and private Hospitals and Hospital Advocacy Groups	Information/Data/Analysis/Input
Megan Fletcher	Center for States	Review/Guidance
Teresa Strom	Center for States	Review/Guidance
Joey Cordero*	Center for States	Review/Guidance
DFPS Legal Team	DFPS	Review
DFPS Executive Staff	DFPS	Review

Description of Stakeholder Involvement in Statewide Assessment Process

DFPS values stakeholder collaboration and engagement. In Round 4 of the CFSR, the agency assembled a core team of participants designated as subject matter experts. The core team has a designated group lead responsible for gathering information and assembling the Statewide Assessment. The core team participants serve a key role of identifying content and assembling the systemic factor workgroups. Both the core team and workgroup participants are comprised of internal DFPS staff and external partners.

The Statewide Assessment was divided into sections based on the systemic factors and disseminated to the identified core team participants, who worked with their systemic factor workgroup to gather information and supporting evidence. The amount of workgroup meetings is determined by the workgroup and could be one time or multiple times in order to gather the needed information. Once the information is gathered, the core team participant provides that information to the core team group lead. The core team group lead met with various stakeholder groups to present data and gather feedback to assist in assessing the Texas child welfare system. Feedback gathered from stakeholder groups and presentations was incorporated throughout the Statewide Assessment by the core team group lead.

Jamie Bernstein, Children’s Commission and Texas Court Improvement Program (CIP) Director, served as a Statewide Assessment co-leader and participated in planning and federal calls. These regular monthly and ad hoc planning meetings were held in preparation for Round 4 and throughout building the Statewide Assessment. The partnership has been crucial to the successful engagement of stakeholders and completion of the Statewide Assessment.



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Stakeholder partnerships include, but are not limited to, the following: tribal, judicial, attorneys representing children, parents, advocates, service and residential providers, parents, youth in DFPS conservatorship, kinship caregivers, and DFPS internal leadership and field staff.

The agency uses and values ongoing collaborative relationships with internal and external stakeholders and routinely requires regional collaborations/representation. DFPS holds firmly the view that the agency cannot do the work in isolation, nor should it. The agency convenes and participates in regular or ad hoc meetings throughout the year with various stakeholder groups across the state. Texas is a large state with regional differences and diverse interests requiring this level of participation. In preparation for engaging stakeholders, DFPS ensured all outcome and systemic factor areas had a mechanism available to provide sufficient representation. The agency has conducted surveys that allow stakeholders outside of those identified in the groups listed below to provide feedback. Some of those surveys are included in the Statewide Assessment where appropriate.

Descriptions of engagement include the following:

1. **DFPS Regional Leadership**: Management meetings are held at all levels at a minimum of monthly and often as frequently as weekly. The agency facilitates monthly meetings with all Regional Directors from across the state, including single source continuum contractor (SSCC) leadership. In addition, the agency facilitates monthly meetings with all Program Administrators (including SSCC leadership) from across the state. These meetings are designed to discuss upcoming policy and practice changes, obtain field feedback, and discuss agency priorities. Multiple times throughout calendar year 2023, members of the core team met with the Regional Directors and Program Administrators within CPI and CPS. CFSR presentations were provided, data were shared, and discussions were held. The key findings from those meetings are below.
 - Discussion around services: Leaders discussed challenges, while acknowledging commitment and determination to do what is needed to help youth. Creative alternatives and ideas were addressed. Some areas have every service needed and are resource rich, others are not. They also identified limitations in availability of service providers and administrative paperwork causing delays in parents starting services or youth obtaining what is needed. In addition, leaders identified issues with service providers being responsive to requests for services. Leaders identified that while virtual services have become widely available, in-person services are preferred as they are seeing better engagement and better quality in services when the service occurs in person. There are times when virtual services can compensate for areas without sufficient providers, but in-person services are preferable.
 - Discussion around achievement of permanency: Leaders discussed the delay in arrangement of services as a challenge to timely achievement of permanency, especially with regard to outpatient substance use treatment or services available outside of a traditional workday. Further discussion was held around some judges desiring a full 12 months before granting a return, even when the staff had made significant progress in understanding urgency and the importance of timely reunification.

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- Discussion around maltreatment in care: Leaders discussed increased hypervigilance by residential providers due to changes in the regulatory environment and increased volume of intakes being reported and investigated. Internal and external factors has increased the focus on the quality of investigations. In addition, leaders discussed policy changes that may be affecting performance and changes for investigation of reports that previously were not investigated.
 - Discussion around responding to the community: Leaders described the critical importance of effectively building relationships and partnering with the local community. All leaders identified having regular meetings with the following stakeholders: Multi-Disciplinary Teams, hospital staff, legal and judicial partners, residential providers, Children's Advocacy Centers, law enforcement, etc.
 - Leaders identified that although the population of children entering foster care is reduced, the children who are entering have higher acuity or more complex needs.
2. **Children's Commission**: At the following meetings and events, DFPS partnered with the Texas Court Improvement Program (CIP) to share information regarding the CFSR data and review process. The focus of each discussion was the role of the legal stakeholders, including judges, attorneys, and advocates, in every aspect of the CFSR process. The CIP Director is on the agency's CFSR core team and attends all planning meetings. The CIP Director also reviews the Statewide Assessment and co-authors portions of the assessment.
- Data Committee: The committee meets quarterly. In August 2023, the agency led and CIP Director conducted a CFSR presentation and discussed data with the committee. This session was recorded and disseminated to all committee members. This allowed for members who could not attend the meeting to weigh in on the topic. The committee provided the following feedback:
 - Discussion around delays to permanency in 12 months: The committee identified a delay in services being set up as a barrier to achieving permanency in 12 months. Members discussed that it can take 2-3 months before services are set up and initiated, which causes delays in timely reunification. The committee also discussed that as the data moves into the current time frame, with entries into care lowering and caseloads lowering, they expect to see caseworkers having the time to complete administrative tasks that could delay service arrangement.
 - The Collaborative Family Engagement (CFE) project aims to create a family support network for children and youth in care and their families. This work is done collaboratively between Court Appointed Special Advocates (CASA) and DFPS or SSCCs. This partnership works toward connecting children and youth with their familial ties to keep them connected to their communities, or to help them build these connections. The committee identified the agency's focus on getting children with family members quickly to be beneficial. The CFE project has rolled out statewide and is helping to identify options for permanency.
 - CIP Multi-disciplinary Task Force Meeting
 - This group meets quarterly, alternating between virtual and in-person meetings. In September 2023, DFPS conducted a CFSR presentation, discussed data with the task force, and gathered information. The task force was asked to complete a

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survey on the questions below, with the top three answers for each result listed below. Following the response, discussion was held about contributing factors. The task force consisted of approximately 35 participants. Of those 35, 22 members completed the live survey questions.

1. What is one of the greatest strengths of the Texas Child Welfare System?
 - a. Commitment to system improvement
 - b. Collaboration/community partnerships
 - c. Caring caseworkers
2. What is one of the greatest challenges that the Texas Child Welfare System faces?
 - a. Resources: caseworkers, service providers, and placements
 - b. Increasing complexity of youth issues
 - c. Finding the most effective services for meeting the children's needs.
 - There were discussions about how the legal part of the child welfare system is working to develop local responses to the challenges. Some judges use specific court orders designed to address the systemic issues, such as not wanting a placement outside of a specific radius in order to maintain close proximity to the community or ordering specific services.
 - Children without placement who are supervised by DFPS staff were discussed and, although the population is very small, the task force expressed significant concern for the child welfare system being the placement of last resort for youth experience mental health concerns.
 - Members of the judiciary expressed concern about their workers and supervisors and the toll they hear supervising children without placement takes on staff typically involved in their court cases.
3. **Tribal Partners:** There are 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 of Texas. DFPS participates in biannual state/tribal meetings with tribal, state, and federal representatives, and external stakeholders. Each entity shares the responsibility for hosting a statewide meeting, and the events are held at multiple locations in Texas. Resources, training, and services are shared. Within the regions, the tribe and its regional leadership meet very routinely and communicate on regional or case-specific issues.

During the August 2023 statewide meeting, a CFSR presentation and discussion was held. Tribal leaders said that they attend DFPS trainings and have DFPS Preparation for Adult Living (PAL) staff conduct presentations but would like to have an avenue to receive the updated or refresher trainings that are offered to DFPS employees (i.e., conducting a home visit, home study templates, etc.). Leaders said that they can access some of the same resources as DFPS and identified that behavioral health services are a challenge. Tribal leaders identified collaboration as working well, especially with regional staff working near their community. Leaders discussed notifications on investigations and court involvement is working well. Attending Multi-Disciplinary Team meetings and Children's Advocacy Center teams are helpful to the tribal work.

4. **Kinship Collaboration Group:** The Kinship Collaboration Group provides a mechanism to include kinship caregivers in the design, implementation, and evaluation of the CPS program. This initiative encourages collaboration with kinship caregivers who are affected by the CPS service delivery system and provides a unique perspective on how to improve services to kinship caregivers and children. Kinship caregivers involved in the DFPS system have an opportunity for input into system improvement and benefit from the support and knowledge that they are not alone in trying to care for their relative or kin children. The Kinship Collaboration Group structure consists of regional kinship support groups, which meet at least quarterly, and a statewide kinship collaboration group, which meets four times a year. DFPS also holds virtual monthly “office hours” for kinship caregivers to join when available. This allows caregivers to ask questions and get resources when they need them. Initiated locally, regional kinship support group meetings continued using both the virtual platform shared statewide in a continued effort to grow the program and, in a limited capacity, in person in 2023. Kinship caregiver support groups are designed to educate kinship caregivers about the foster care system, develop tools and strategies to improve kinship care, and serve as a conduit for new ideas. Caregiver-led involvement provides kinship development caseworkers and DFPS leadership with information needed to inspire a sense of urgency for the achievement of positive permanency for children in foster care. On September 1, 2023, the two CFSR leads attended the Kinship Collaboration Group. The largest issue raised was the ongoing need to increase support and understand there is forward progress in this area. Interactions between group members were caring and supportive. The group has advocated for increased kinship caregiver support and resources in both meeting and social media settings.

5. **Parent Collaboration Group:** The Parent Collaboration Group was established in 2002 with the purpose of improving the child welfare system case management, ongoing case management, and delivery of services and treatment provided to children and their families. Recently, Casey Family Programs engaged the services of the Deckinga Group LLC to assist DFPS in strengthening the voice of lived experience so that outcomes might be enhanced. The Deckinga Group was specifically tasked to assess the current state of the Statewide Parent Collaboration Group and facilitate ways to strengthen the program. They attended two in-person meetings (June 2023 and October 2023). Parents were afforded the opportunity to speak privately as a group with the consultants, as were the participating staff who support the regional parent liaisons. The results of the discussion indicate that while DFPS staff see the value of the Parent Collaboration Group, primarily as a way for parent liaisons to develop leadership skills and support local parent support groups, they did not view the purpose of the group as being a means for parental input into the agency’s work. Some parent liaisons reported feeling disempowered and often unheard, as well as challenged by regional group activities. The Deckinga Group identified a strategy system of subcommittees to follow up in helping the agency address this gap in perception and discuss how to better utilize parent voices so that front-line staff can improve family engagement skills. This should lead to better outcomes for children and families who do receive services through DFPS. During the October 2023 meeting a CFSR presentation and discussion was held. A Parent Consultant with the Center for States accompanied the agency with the presentation and discussion. The findings include the following:

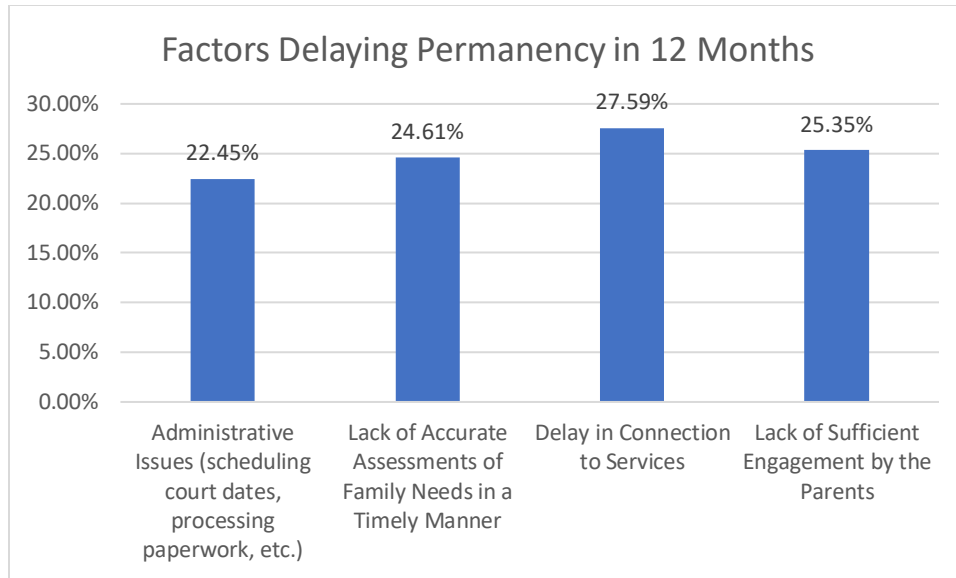
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- Parents expressed that they like the Alternative Response pathway and support the agency's expansion of it.
 - Parents shared that the Texas child welfare system needs:
 - Whole family advocacy, more tailored services, service messaging, and more culturally competent services.
 - More parental engagement, while acknowledging some progress has been made.
 - More recognition that Trauma Informed Care helps identify the biases inherent in the job. Trauma is more visible once it is understood.
 - Parents expressed they would like to be engaged with emotional intelligence, non-bias training, a non-judgmental approach, and for more caseworkers to be trauma informed.
 - Parents expressed they were appreciative that the agency sought out relative placements for children instead of placing them directly into a foster care placement.
6. **Youth Leadership Council:** State and Regional Youth Leadership Councils were created in 2005. Youth in the Preparation for Adult Living program who are in or recently out of foster care represent each region on the statewide Youth Leadership Council. The council regularly provides input and feedback to those responsible for policy and practice development. The statewide council meets in person at least three times per year. The Youth Leadership Council has been involved in renaming and restructuring the Aging out Seminars, now known as Youth Take Flight, and implementation of the Youth Connections Instagram account. Council members have had the opportunity to meet and present their own priorities with key legislators from their home community while at the Capitol. During the October 2023 in-person meeting, a CFSR presentation and discussion was held. Youth were asked to discuss topics that were important to them. Twenty-two youth and young adults, with each region represented, attended the council meeting. Most council members participated in the open discussion. A survey of the discussion topics was provided for the participants who preferred to share their thoughts in that format. Six of the 22 youth completed the surveys. The council members shared the following:
- Discussion around placements:
 - When youth are refusing to attend school, some placements are allowing it, and those youth still have all their privileges.
 - Youth mentioned more frequently getting sick in placement and that they don't believe this is routinely shared with the agency by the placement. Youth feel that the agency should be aware of how often youth are getting sick so they can question or follow up on treatment.
 - Youth shared one reason youth are running away is because of how they are being treated in placement and not feeling heard until they start acting out.
 - Discussion around communication:
 - Youth identified a need for consistency with their caseworkers. The youth that have good relationships with their caseworker attributed this to stability in the workforce that affords them the opportunity to build rapport. They indicated the stability minimizes miscommunications.

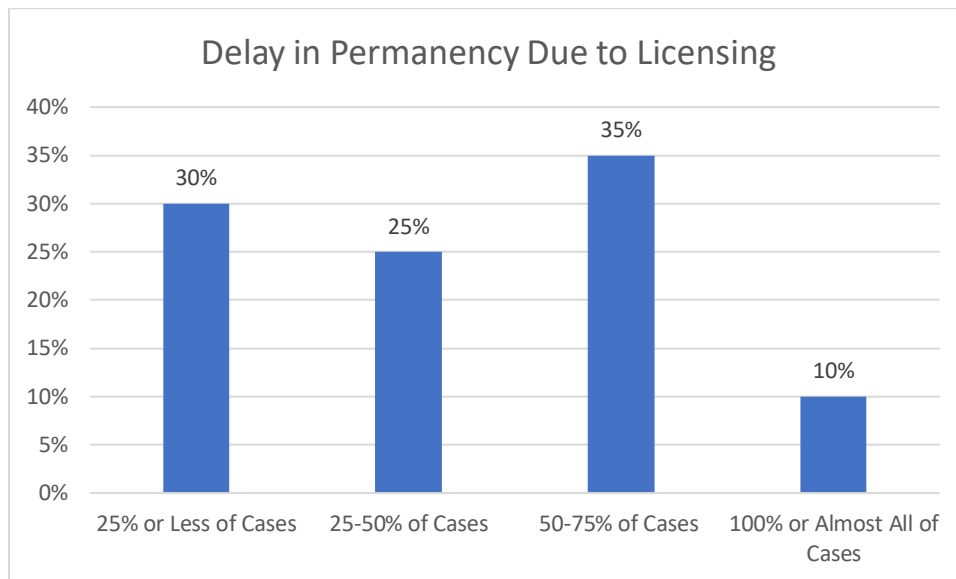
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- Youth want their caseworkers to understand their trauma and be mindful of their trauma when speaking to them. Youth want their voices heard and to have more conversations around their mental health.
 - Most of the council members advised that they do see their caseworkers monthly. Youth would like to have access to management contact information if they have concerns with their caseworkers.
 - Discussion around foster parents:
 - Some youth identified a need for a better certification process and more accountability for foster parents. Youth identified that some foster parents/homes are better than others.
 - Discussion around services/resources:
 - The youth expressed wanting access to mentors, therapists, and community events that are able to take them outside of their placement.
 - Youth with medical conditions expressed wanting more education around their condition to be able to better care for themselves.
 - Discussion around legal/judicial involvement:
 - Youth described their attorney ad litem as a mentor to them. Most expressed having regular contact with the ad litem and the ad litem assisting in getting various situations addressed.
 - The youth were divided when asked if they are told about their court hearings and have the opportunity to attend.
7. **Child Welfare Judges Conference:** The Children’s Commission, in partnership with Texas Center for the Judiciary, Inc., holds an annual, in-person conference that allows judicial officials hearing child welfare cases across the state to receive information related to enhancing positive outcomes for youth and families across Texas. This conference also invites SSCC and DFPS agency leadership to participate and meet in regional breakout groups to discuss data and local concerns. During the October 2023 conference, a CFSR presentation and discussion was held. During that presentation, participants were provided the opportunity to participate in a live survey and further discussions. The live survey results are inserted below. These discussions are referenced in the Statewide Assessment where appropriate. There are approximately 450 judges that have jurisdiction to hear child welfare cases across Texas. There are approximately 150 judges who hear child welfare cases regularly with 30 child protection courts. The 30 child protection courts hear two-thirds of the cases statewide. One hundred judges attended the judicial conference along with approximately 47 DFPS and Community-Based Care provider staff.
- Participants were asked to rank factors contributing to delays to permanency in 12 months. Of the 147 attendees, 99 attendees actively participated in the survey and ranked their responses in the live survey as follows:

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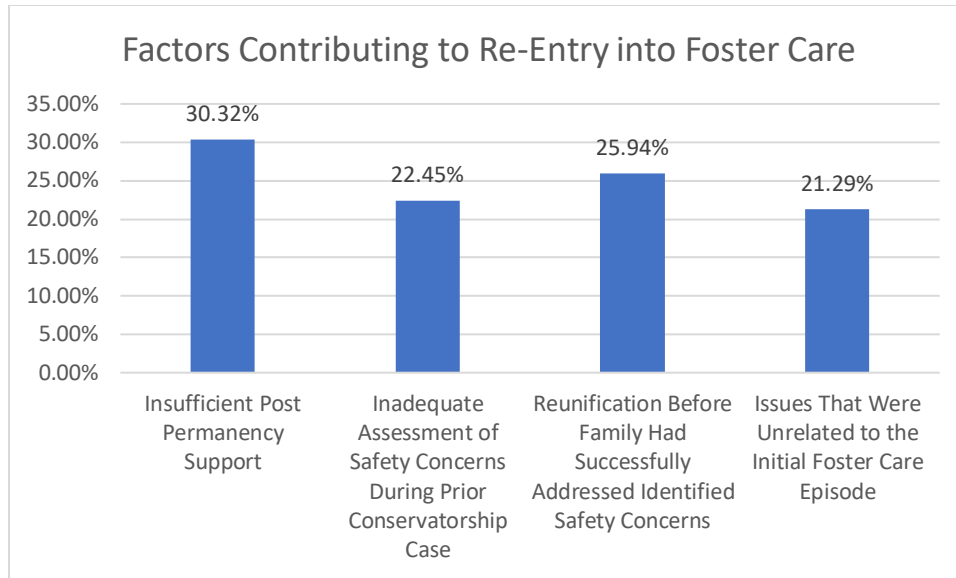


- Participants were asked how frequently they see a delay in permanency due to a licensing issue. Of the 147 attendees, 60 attendees actively participated in the survey.



- Participants were asked to rank factors contributing to a youth's re-entry into foster care. Of the 147 attendees, 99 attendees actively participated in the survey.

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8. **Public Private Partnership (PPP):** The PPP was established in 2009 and was appointed as the group to assist with development and implementation of Community-Based Care. The partnership includes participation by a young adult formerly in foster care, as well as members of the judiciary, foster care providers, advocates, provider associations, a DFPS Advisory Council member, and DFPS executive staff. During the November 2023 meeting, a CFSR presentation and discussion was held. Feedback gathered from that meeting is included in the Statewide Assessment as appropriate.
9. **Committee on Advancing Residential Practices (CARP):** CARP was established in 2012 and consists of residential child care contractors, residential provider associations, DFPS and SSCC staff, and stakeholders meeting in an effort to strengthen partnership, improve communication, and provide a venue for focusing on enhancements to the system that support safety, permanency and well-being for children. During the November 2023 meeting, a CFSR presentation and discussion was held. Feedback gathered from that meeting is included in the Statewide Assessment as appropriate.
10. **Other:** Content from routine meetings that focused on systemic improvement, but that did not have a dedicated CFSR presentation, yielded relevant information included in the Statewide Assessment as appropriate.

Section II: State Context Affecting Overall Performance

Part 1: Vision and Tenets

The Texas Department of Family and Protective Services (DFPS) developed the following Mission, Vision, Values, and Guiding Principles to guide the Texas child welfare system:

DFPS Mission

We promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation.

DFPS Vision

Improving the lives of those we serve.

DFPS Values

- **Accountable:** We act with a sense of urgency to deliver results in an accountable, ethical, and transparent manner.
- **Respectful:** We recognize the value of each person and act timely, value privacy, and treat all with respect.
- **Diverse:** We promote diversity, inclusion, and equality by honoring individual differences.
- **Collaborative:** Whether through our staff or contractors, we work in partnership with clients, families, and communities to ensure our mutual success.
- **Professional:** We value our staff and strive for excellence while being professional, passionate, and innovative.

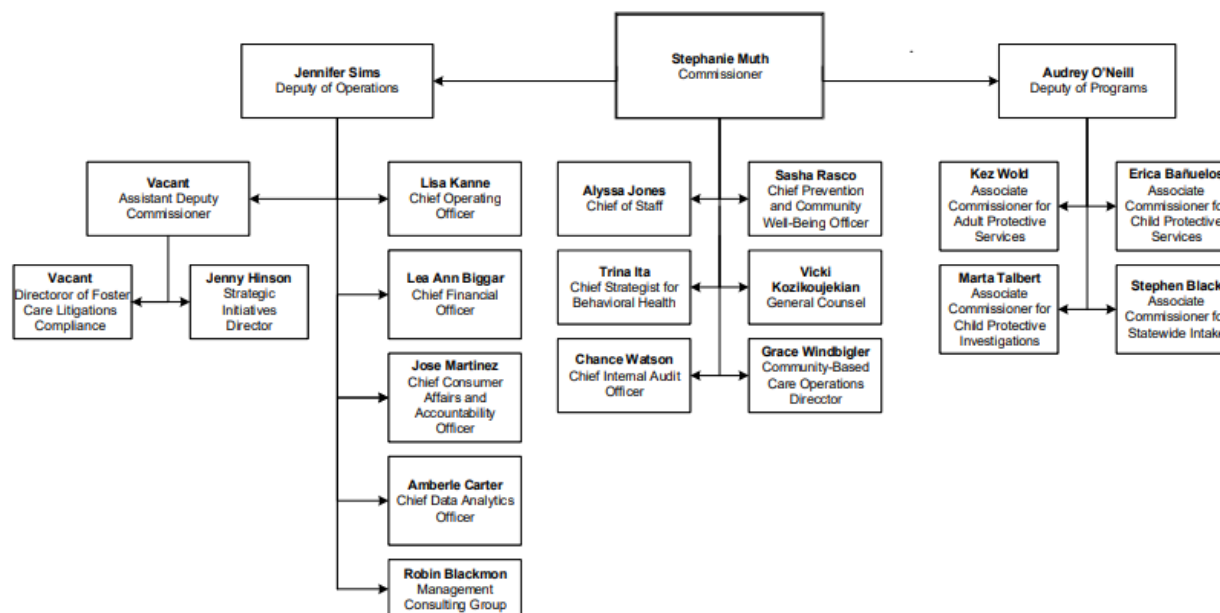
Guiding Principles

- We are accountable to the children, youth, families, and communities we serve.
- We believe the voices of children, youth, and families are integral to informing and transforming the system.
- We believe all children, youth, and families should be treated with dignity and respect.
- We believe children, youth, and families deserve to be mentally, emotionally, and physically safe as well as cared for in settings that permit them to develop, thrive, and heal.
- We believe the inherent value of children, youth, and families' connections to family should be respected, and children should ideally be cared for by family.
- We believe in equitable treatment for children, youth, and families.
- We believe we must understand how our work impacts children, youth, and families to identify the existing opportunities, barriers, and challenges.
- We believe in using data and other evidence to inform our decisions and adjust for continued quality improvement.

With such a critical mission, DFPS has established an executive leadership structure required to accomplish the work. The following is a public link to the agency's current organizational chart, reproduced below the link for ease of reference.

Section II- State Context Affecting Overall Performance

[Department of Family and Protective Services Organizational Chart \(texas.gov\)](https://www.texas.gov)



Consistent with the above Mission, Vision, Values, and Guiding Principles, DFPS engages in substantial, ongoing, and meaningful collaboration with stakeholders, tribes, and courts in the development and implementation of the 2020-2024 Title IV-B Child and Family Service Plan and Annual Progress and Services Report (APSR) in a variety of ways. As Texas is a large and diverse state, the agency makes every effort to use available tools for communicating with stakeholders about the delivery of services, outcomes, and opportunities needed and used to improve the Texas child welfare system. Examples of mechanisms used to engage internal and external stakeholders, tribes, and courts include, but are not limited to, the list below:

- social media, including such avenues such as Facebook or “X”, formerly known as Twitter
- agency websites,
- webinars and public hearings,
- advisory groups,
- legislative hearings,
- public reports,
- meetings, including annual conferences or roundtables,
- ongoing topic- or program-specific workgroups, committees, and commissions, and
- Other stakeholder group settings.

Part 2: Cross-System Challenges

Texas is a large, diverse state, and there are events and issues that result in challenges for the Texas child welfare system. These impact practice and program and can be outside of the agency or the

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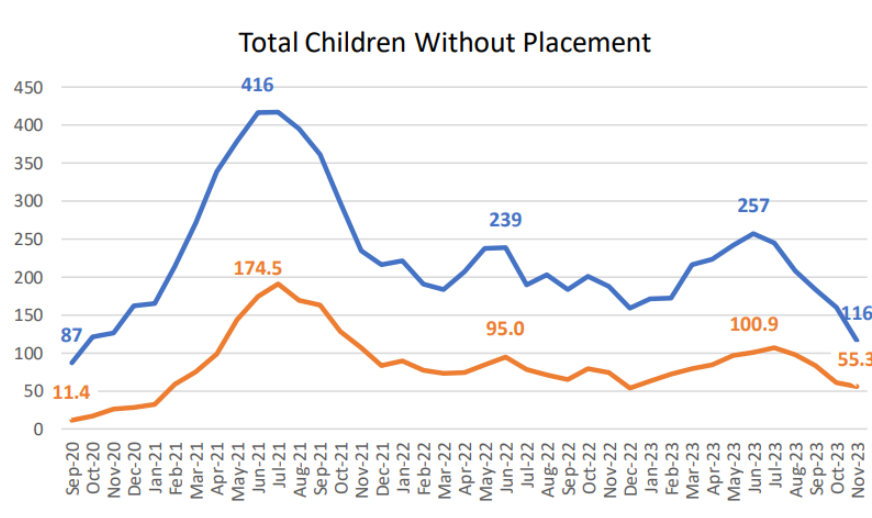
child welfare system control. The issues below are identified because of their far-reaching impact on data indicators, outcomes, and systemic factors measured through the CFSR process.

Reduction in Placement Capacity

DFPS has experienced a reduced number of available placements of all types between 2019 and 2023. Contributing factors are complex and interwoven. Stakeholders have indicated contributing factors such as the following:

- enhanced monitoring and a changing regulatory environment, with some residential providers not able to maintain the balance between increased costs, greater liability and risk, and changing needs;
- The licensed capacity available for Residential Treatment Center facilities fell by almost 30% over 3 years, dropping from 1,995 to 1,412 at the end of Fiscal Year 2024, Quarter 1; the workforce has changed, as has operation requirements;
- costs to provide care have exceeded the rates of reimbursement; and
- the post pandemic mental health needs of children have increased in acuity beyond the current continuum of care.

Most significantly, DFPS has experienced a decrease in available capacity for children with the most significant mental and behavioral health care needs, while simultaneously experiencing an increase in the need for these placement types. Most children and youth in DFPS conservatorship without an appropriate placement have complex mental and behavioral health needs. These children and youth are often coming from restrictive settings (psychiatric hospitals, detention) or are entering care with high needs and require placement into settings that provide an elevated caregiving capacity to include a stable, trained workforce and specialized programming. The gap in specialized capacity has also resulted in increased placement instability, further impacting the existing availability.



Source: CWOP placement Tracker as of 12/18/23 **FY23 Data is provisional and may change**

DFPS is working to identify solutions to this complex issue at both a child-specific level and at a systemic level. As a result, there is significant and ongoing work to address the issue, including efforts related to:

Section II- State Context Affecting Overall Performance

- Increased placement capacity and stabilization:
 - Capacity building targeting gap areas, such as Intensive Psychiatric Stabilization Programs and Treatment Family Foster Care for development or expansion
 - Placement process improvements
 - Increased adoption efforts
- Diversion from entry of youth into foster care, when safely possible:
 - Increased use of Alternative Response
 - Increased use of behavioral health resources that focus on Residential Treatment Center diversion beds, crisis response, or wraparound services.
 - Focus on least restrictive environment.
 - Increased partnership with juvenile justice
- Targeted improvements for Child Watch structure and support for children and youth supervised by DFPS due to being without placement:
 - Hiring dedicated positions and reducing reliance on direct delivery staff
 - Establishing schedules, expectations, and incentives for youth
 - Increased temporary Goodwill Staffing positions for coverage and nursing contracts for medication administration
 - Increased training for staff covering Child Watch shifts
 - Child-specific staffings to target resources for youth with extended or repeated Child Watch stays
- Increasing kinship support:
 - Increased efforts for first placements with kin
 - Clinical Coordinator staff support for finding kinship caregivers (FINDRS)
 - Implementation of enhanced kinship financial support through Exceptional Item funding related to kinship support and SSCC support of kin placements
 - Creation of a provisional kinship verification (in process)
- Enhancing services:
 - Increased focus on services and support, such as Preparation for Adult Living, housing, job opportunities, driver licenses, and other basic life skills
 - Utilization of legislatively appropriated behavioral health funding for youth crisis outreach and extended inpatient hospital support
 - Increased collaborations with behavioral health and medical hospitals
 - Process improvements for staffing, particularly discharge planning from public and private hospitals or other restrictive settings

Workforce Turnover

DFPS continues to experience a high rate of agency-wide turnover, and it remains higher than the State Auditor's Office (SAO) reported statewide average for all state agencies. According to the Texas State Auditor's Classified Employee Turnover for Fiscal Year 2022, the statewide turnover rate was 24.5 percent for all state agencies. In FY 2023 Q2, DFPS averaged 13,365 employees with a turnover rate of 26.6 percent. In Fiscal Year 2022, CPS program staff had a turnover rate of 26.6 percent and Child Protective Investigations (CPI) program staff had a turnover rate of 37.7 percent. The turnover rate continues to be affected by the transition to Community Based Care.

Continued progress in implementing Human Resource Management Plan initiatives serves as evidence of the full commitment of executive leadership to ensuring the workforce can provide exceptional services to Texans in need. DFPS will continue to closely examine workforce trends

Section II- State Context Affecting Overall Performance

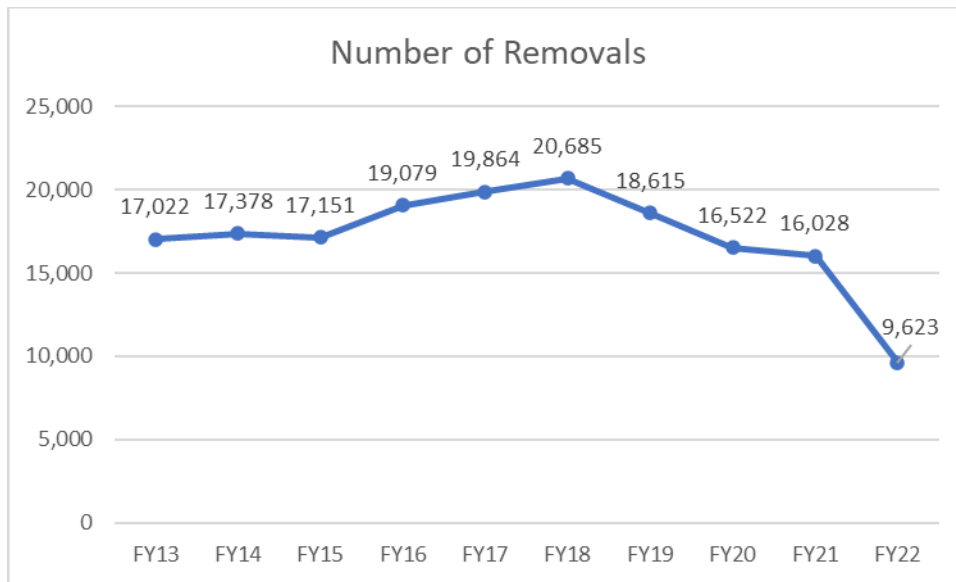
across the agency and target efforts to stabilize the workforce, so that the children and families impacted by the Texas child welfare system receive the services they need. The Human Resource Management Plan can be view at [DFPS - Rider-Related Reports \(texas.gov\)](https://www.texas.gov/DFPS-Rider-Related-Reports).

Time Requirements

Texas is a geographically large, diverse, and growing state. To make substantial systemic changes, including initiatives discussed below, it requires time to implement for the state. Significant changes often require multiple years to complete and substantial planning for change. Competing priorities and directions make the challenge more difficult.

Changing Population of Children and Youth in Conservatorship

The 10-year trend (2013 to 2023) for removals reflects significant changes in the population of children and youth in foster care.



The per capita removal rate in 2013 was 2.4 children removed per 1,000 children in the state population, rising to a peak of 2.8 children per capita, and it has dropped to 1.3 children removed per 1,000 children in 2023. Internal and external stakeholders universally believe that the reduction of children and youth entering foster care reflects a population with increased complexity of needs.

In 2021, the Legislature passed legislation that prohibited the agency from filing non-emergency removals. After 2021, the agency could only remove for cases involving immediate danger or risk to the child’s safety. In addition, the Legislature changed the Texas Family Code definition of neglect. A person’s acts or omissions must now evidence “blatant disregard” that their actions or inactions resulted in harm or immediate danger to the child. Instead of defining neglect as conduct that results in a “substantial risk,” the conduct must now constitute “immediate danger” to the child to meet the definition of neglect. Allowing the child to engage in independent activities is added

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to the list of acts that do not constitute neglect. In response to the legislative change, the agency updated policy and practice related to the removal of children in the fall of 2021.

Changes in the statutory definition of neglect, strengthening of steps required to pursue reasonable efforts to avoid a removal, and other changes have resulted in policy and practice changes and a decreased removal rate.

Changes in the foster care population has impacted all aspects of the Texas child welfare system.

Part 3: Current Major Statewide Child Welfare Initiatives

Building Placement Capacity

DFPS has been working to build new capacity and stabilize existing capacity for the last few years with an effort to reduce congregate care utilization. While DFPS has made gains in building capacity, DFPS has also lost capacity for children with complex needs. Therefore, while DFPS has gained capacity, the loss of other capacity makes it appear that there is no movement. Capacity building efforts are focused on filling identified gaps in the foster care continuum, which has been assessed to be greatest for older youth with the most complex needs. Capacity stabilization includes increasing oversight and support for residential providers, limiting new providers to children who have lower levels of treatment needs, and increased monitoring of new providers to address concerns as they arise.

DFPS is also focused on efforts to keep more children with family, when possible, by increasing support and technical assistance to kinship caregivers. DFPS utilizes the [Workbook: Foster Care Needs Assessment Story \(texas.gov\)](#) to forecast placement service needs throughout the state and regularly assesses child placement outcomes for areas of improvement and continued growth in order to target initiatives and efforts. These capacity building efforts include an emphasis on expanding or developing the following: (1) Widespread Kinship Initiatives; (2) Qualified Residential Treatment Program (QRTP) Pilot and Full Implementation; (3) Treatment Foster Family Care Programs (TFF); (4) Temporary Emergency Placement (TEP) Program; (5) Transitional Living Programs (TLP); and (6) Intensive Psychiatric Stabilization Program (IPSP).

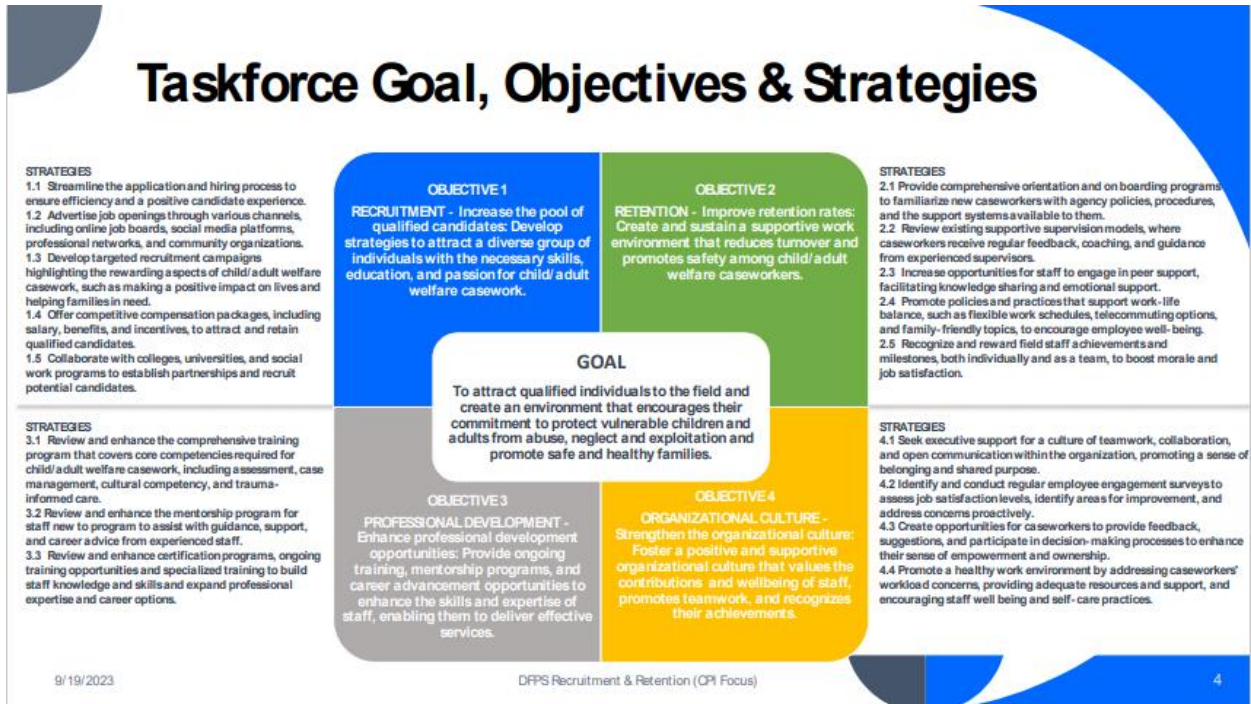
Strategic Behavioral Health Planning

Behavioral health needs for youth in DFPS conservatorship continue to be a prevalent and growing issue. While there has been strong external support for behavioral resources in Texas, DFPS has had limited focus and input on resource needs for the DFPS target population. While STAR Health is the financing mechanism and payor source for youth to access a suite of Medicaid services addressing both mental and physical health care needs of youth in their care, a chasm and disconnect in how the behavioral health needs for youth in conservatorship are being met persists. To ensure a coordinated and outcome-based approach to meeting the behavioral health needs for youth in DFPS conservatorship, DFPS proposed and the 88th Texas Legislature appropriated funding for a dedicated team at DFPS solely focused on addressing the strategic, coordinated care of youth in conservatorship. The DFPS Chief Strategist for Behavioral Health and her inaugural team will work closely with DFPS leadership and other child-serving institutions, stakeholders, and partners to strengthen service delivery for youth and families engaged with the DFPS system. Efforts began with an analysis of gaps within the Texas system, conducted with surveys and focus groups for internal and external stakeholders.

The agency focus on staff wellness, including addressing secondary trauma and supporting the workforce needs, is moving to this strategic team.

Workforce Stabilization

Effort is underway to stabilize the workforce. The agency has a task force, with a multi-faceted approach, that has identified objectives and strategies around the ultimate goal of attracting individuals to work for the agency and retaining that workforce in order to create a work environment that is needed to encourage the commitment needed to fulfill the agency’s mission.



Texas Child-Centered Care (formerly known as Foster Care Rate Modernization)

With little modification, the existing foster care rate methodology and Texas Service Level System structure has been in place since September 1988. The Texas Child-Centered Care (T3C) system represents a complete transformation of the foster care system, including an evidence-informed universal assessment of children’s needs, clearly defined service packages tailored to meet the specific needs of the children, and a new fully funded foster care rate methodology that aligns payment with the cost of care.

To successfully transition to the T3C system, modifications must be made to the IT infrastructure, policy, procedures, contracts, contract monitoring, and the process for assessing, matching, and placing children under the new modernized system. The infrastructure and readiness work that must be done to implement T3C is planned for 19 months (June 2023-December 2024). In January 2025, children and youth will begin to transition under the new foster care continuum, and the state will operate with the old and new systems. DFPS anticipated that children receiving services such as Basic and Treatment Foster Family Care will be the first to move to T3C, as these services are most closely aligned to what is offered in the system today. For other services that are brand new to the system, more time will be needed to develop the appropriate capacity across the state.

Section II- State Context Affecting Overall Performance

Based on the current plan, it is likely that a full transition of children under the new continuum will occur by state FY 2028. Successful implementation and transition to the T3C system is anticipated to increase capacity and result in overall improvement to safety, permanency, and well-being outcomes for children in the foster care system. T3C will strengthen assessment of individual needs, matching needs to services and funding fully the delivery of services.

A high-level overview of the implementation plan and key milestones for the T3C project can be found beginning on page 28 of the [Foster Care Rate Modernization: Pro Forma Modeled Rates and Fiscal Impact report and DFPS companion report \(texas.gov\)](#).

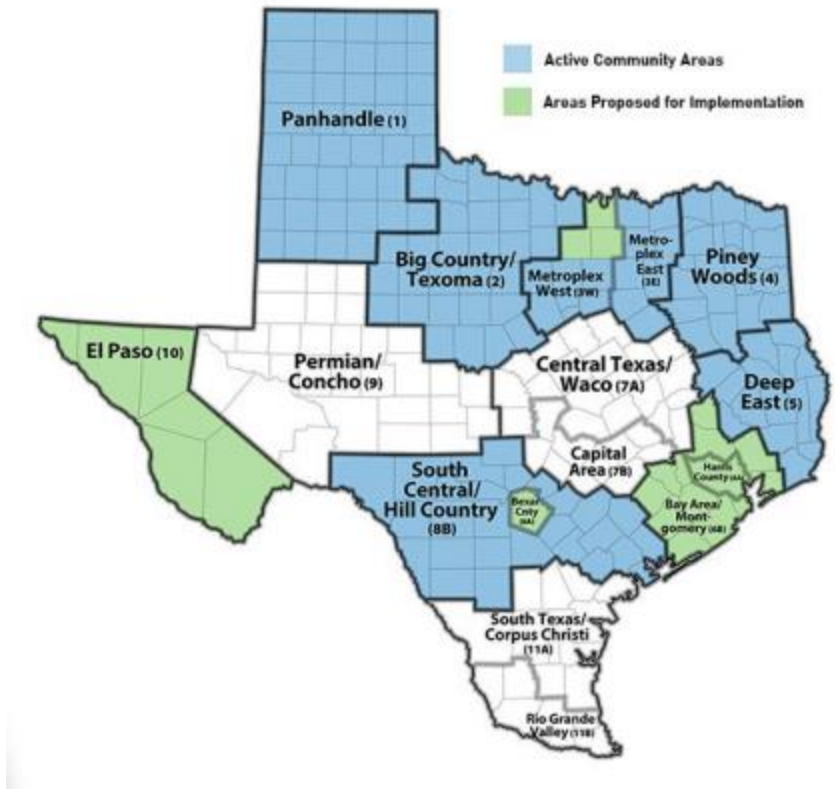
Continued Expansion of Community Based Care

In 2017, the Texas Legislature directed DFPS to contract with community-based nonprofit and local governmental entities that can provide child welfare services. These services must include direct case management to ensure child safety, permanency, and well-being in accordance with state and federal child welfare goals. Senate Bill 11 codified Community-Based Care in Texas Family Code, Chapter 264, subchapter B-1. The intent of the legislation is not to change the work done by caseworkers, but to shift from a state-run child welfare system to a contracted community-based system with more flexibility to develop services that reflect the local community and its needs, while still adhering to agency oversight.

As Community-Based Care is implemented across the state, it requires coordination and collaboration with many DFPS divisions to achieve this multi-faceted initiative. The child welfare evolution goal includes the following sub-initiatives: agency structure, expansion, contract administration, finance, interoperability, program services, change management, communication, performance measure updates, and maximizing the federal funding under the CBC model. The shift to this statewide model must be carefully accomplished and is projected for completion by FY 2029.

The expected outcome of this goal and initiatives is the successful and sustainable transition to Community-Based Care across Texas. The Office of Community-Based Care Transition will support DFPS and the communities within Texas to ensure that child safety, permanency, and well-being is at the forefront of all implementation decisions and actions. Currently, there are seven community providers across seven regions with expansion into four more regions in fiscal year 2024-2025. The regions and current coverage are depicted in the state map below, with the blue areas representing current parts of the state covered by an SSCC, the green areas representing next planned coverage areas, and white areas representing future coverage areas.

Section II- State Context Affecting Overall Performance



Region	SSCC	Stage
1 (Panhandle)	Saint Francis	II
2 (Big Country and Texoma)	2Ingage	II
3 West (Metroplex West- Fort Worth)	Our Community Our Kids (OCOK)	II
3 East (Metroplex East-Dallas)	EMPOWER	I
4 (Piney Woods)	4Kids4Families	I
5 (Deep East)	Texas Family Care Network	I
8 (South Central and Hill Country)	Belong	II

CBC is expanded in three stages to promote a smoother transition for the children and families it serves:

- In **Stage I**, the SSCC develops a network of services and places children in its foster homes or other living arrangements. The focus in Stage I is improving the overall well-being of children in foster care and keeping them closer to home and connected to their communities and families. This stage typically lasts 12 months.

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- In **Stage II**, the SSCC provides case management, kinship, and reunification services. Stage II expands the continuum of services to include services for families and to increase the number of children and youth who find permanent homes. This stage typically lasts 18 months.
- **Stage III** begins at least 18 months after the contractor has begun providing case management to all children and families in the community area. In this stage, DFPS can assess the contractor fiscal incentives and remedies for outcomes related to performance, including permanency outcomes.

The next areas of Texas that are targeted to transition to Community-Based Care are:

- Bexar County (Region 8a)
- El Paso (Region 10)
- Harris County (Region 6a)
- Bay Area/Montgomery (Region 6b)

Section III: Assessment of Child and Family Outcomes

A. Safety

Texas has assessed that the state is in **substantial conformity** for this outcome.

Analysis

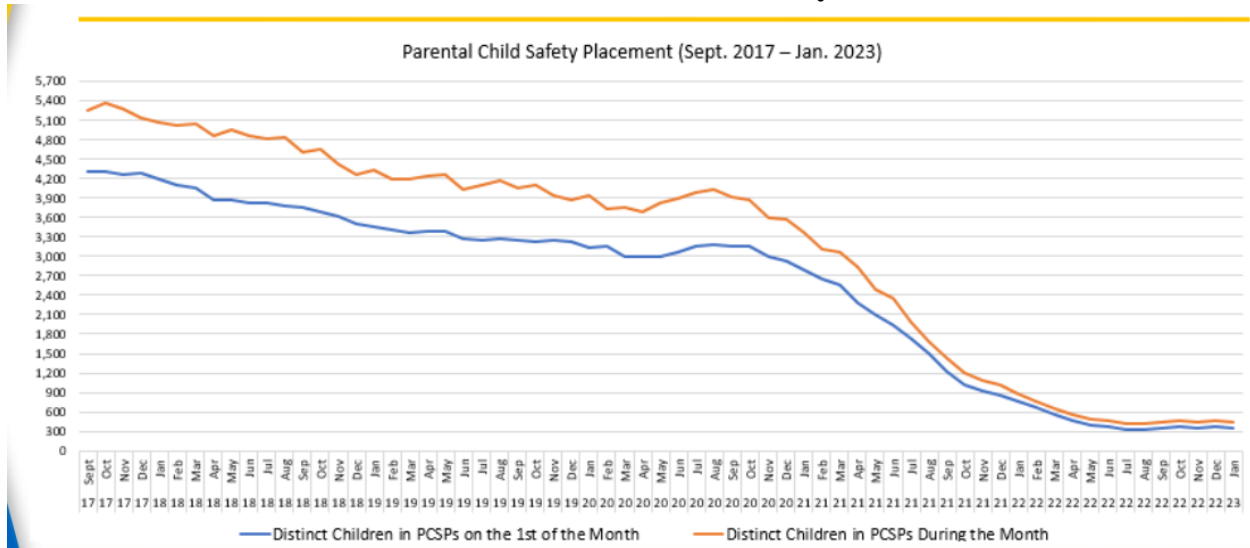
Since CFSR Round 3, the agency has updated policy and practice around safety planning. Safety planning is used when the agency has assessed that the children can safely be maintained in their own home when possible and appropriate (Source: [CPS Handbook, 3210 Safety Plan](#)).

Safety plans are only implemented in the following ways:

- The child and the parent or legal guardian remain together, and contact is supervised.
- The child and the parent or legal guardian reside together but away from the danger.
- A family-initiated Parental Child Safety Placement (PCSP) is implemented (the child and the parent or legal guardian do not reside together and contact between them is supervised).

Parental Child Safety Placements allow a child to leave the home for a temporary time frame when DFPS identifies a danger in the home. Historically, Parental Child Safety Placements (PCSP) were utilized with greater frequency than current practice. In March 2022, practice changes were implemented to ensure family-initiated Parental Child Safety Placements (PCSP) were being utilized as a safety plan intervention only if a parent or legal guardian decided the short-term placement was necessary and a safety plan allowing the parent and child to remain together in the home under supervision was not possible. This change prompted a decrease in the number of Parental Child Safety Placements (PCSP). In fiscal year 2021, 6,192 Parental Child Safety Placements were initiated. In fiscal year 2022, 1,481 Parental Child Safety Placements were initiated.

The chart below shows the decrease in Parental Child Safety Placements since 2017.



Source: [Presentation to the House Committee on Human Services, February 28, 2023 \(texas.gov\)](#)

Timely Response

Below shows the agency timeliness of response to screened reports of abuse or neglect. The data shows since CFSR Round 3, the agency has continued to improve response time to screened reports of abuse or neglect. Texas performs well on timely contact with children to ensure their safety.

Priority Response Time by Fiscal Year:

	Priority One	% Timely	Priority Two	% Timely	Total Completed Investigations	% Timely
CFSR Round 3						
FY 2014	41,230	93.8%	126,933	87.1%	168,163	88.7%
FY 2015	45,033	93.2%	131,834	86.9%	176,867	88.5%
CFSR Round 4						
FY 2021	41,678	95.9%	115,840	94.2%	157,519	94.6%
FY 2022	41,659	93.2%	124,527	90.4%	166,186	91.1%

Source: DFPS Data Book [Child Protective Investigations \(CPI\) Completed Investigations: Priority and Response Time \(texas.gov\)](#)

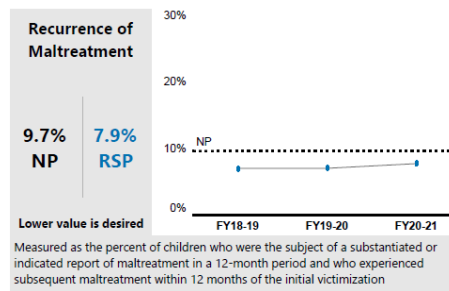
Case Review Data

During ongoing case reviews conducted by the agency, using the federal CFSR case review instrument (OSRI), Texas evaluates performance on several permanency items that impact positive permanency outcomes for children. Below are the results of the case reviews for the last four quarters. This case review consists of 240 foster care cases (60 cases per quarter) from a random statewide sample. The sample includes cases managed by agency staff and Community-Based Care providers.

Outcome/Item/Data Indicator	Q4-22	Q1-23	Q2-23	Q3-23
Safety Item 1 and 2:				
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	69.1%	72.3%	83.9%	68.4%
Item 2: Services to Family to Protect Child(ren) in Home and Prevent Removal or Re-Entry	60.0%	69.6%	77.8%	68.0%
Item 3: Risk and Safety Assessment and Management	68.0%	74.0%	78.0%	73.0%

Recurrence of Maltreatment

In analyzing the February 2023 Data Profile, Texas has continually met performance metrics. Children who were subject of a substantiated report of maltreatment do not experience subsequent maltreatment within 12 months of the initial victimization at a high rate. Texas continues to exceed the national performance.



Source: CFSR Round 4 Statewide Data Profile – February 2023)

Texas has historically had, and continues to have, a low recidivism rate. This is evidenced by administrative data (below) available on the DFPS public website. As shown for the last three fiscal years, recidivism has decreased from 4% to 3% in the most recent fiscal year reported on. A decrease is also seen in the recidivism by race/ethnicity of the alleged and confirmed victim children. Recidivism is calculated as a percentage of all alleged victims and child principals in alternative response and investigation stages who did not receive any ongoing services, who had a subsequent confirmed allegation, or who had a case open for ongoing services within 12 months.

Alleged and Confirmed Victim Recidivism by fiscal year:

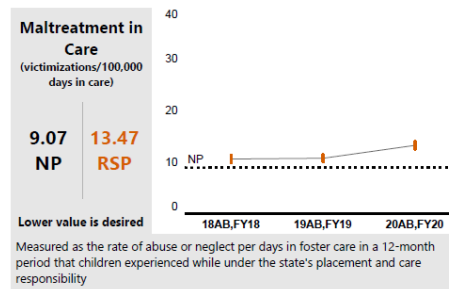
	FY20	FY21	FY22
African American	4%	5%	3%
Anglo	4%	4%	3%
Asian	1%	1%	1%
Hispanic	4%	4%	3%
Native American	1%	3%	2%
Other	4%	4%	3%
Total	4%	4%	3%

Source: DFPS Data Book [Child Protective Investigations \(CPI\) Victim Recidivism \(texas.gov\)](https://www.dfps.gov/child-protective-investigations-cpi-victim-recidivism)

Maltreatment in Care

The agency reviewed the February 2023 Data Profile. Over the last three reporting periods, the state has seen an increase in the maltreatment-in-care metric. An analysis of the contextual data

was completed and found that most of the perpetrators in these incidents were biological parents (more than 50% of the time).



Source: CFSR Round 4 Statewide Data Profile – February 2023)

As the data indicated incidents were occurring while children were in foster care and the identified perpetrator was listed as the parent, DFPS determined a deeper analysis of contributing factors was required. DFPS conducted an internal case review of all the investigations concerning children in foster care with a biological parent as the perpetrator that resulted in a validation of abuse or neglect during October 1, 2020-September 30, 2022. Investigations that occurred within the first eight days after removal were excluded from the sample. DFPS reviewed 2,460 incidents of abuse or neglect. The case review showed the following:

- Did the maltreatment occur while the child was in foster care?
 - Of the 2,460 incidents reviewed, 797 (32.4%) of the incidents occurred prior to the child entering foster care. The investigations were a result of a delayed outcry.

The review found that if the maltreatment occurred prior to the child entering foster care, the subsequent investigation was attributed to a delayed outcry and involved abuse or neglect occurring prior to the removal. The data used to determine conformity regarding maltreatment in care and reflected in the Texas Data Profile is inflated with maltreatment events occurring prior to the foster care episode beginning. Currently, the agency does not have a data field in IMPACT, the statewide automated case management system for Texas, to use to identify allegations that occurred prior to entering foster care because the date of the abuse or neglect incident is currently identified in narrative content instead of a data field. The agency is working on an IT enhancement project for IMPACT that will have an incident date field added to the investigation stage. This will allow incidents of abuse or neglect to be excluded in the maltreatment-in-care metric.

Evidence

- DFPS Data Book
- Texas Data Profile
- DFPS Maltreatment-in-Care Case Review

Summary of Performance

During CFSR Round 3, Texas completed statewide implementation of Alternative Response. This practice strengthens initial and ongoing safety assessments and service needs when the agency responds to reports of abuse and neglect. The agency has continued to strengthen practice around

assessing and ensuring safety. While the Data Profile shows an area of concern with maltreatment in care, Texas believes the internal case review illustrates many cases are being included in that metric that should not be. The agency performs well ensuring timely contacts and reduced recidivism. Texas has assessed that the state is in **substantial conformity** for this outcome.

B. Permanency

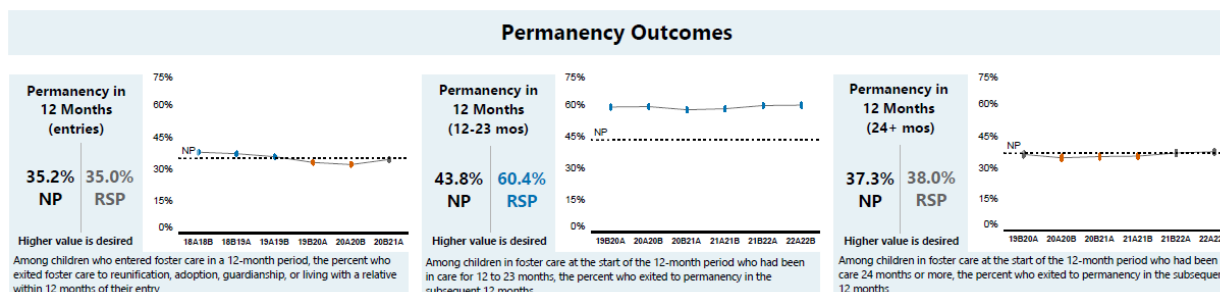
Texas has assessed that the state is in **substantial conformity** for this outcome.

Analysis

In 2021, the Legislature passed legislation that prohibited the agency from filing non-emergency removals. After 2021, the agency could only remove for cases involving immediate danger or risk to the child’s safety. In addition, the Legislature changed the Texas Family Code definition of neglect. A person’s acts or omissions must now evidence “blatant disregard” that their actions or inactions resulted in harm or immediate danger to the child. Instead of defining neglect as conduct that results in a “substantial risk,” the conduct must now constitute “immediate danger” to the child to meet the definition of neglect. Allowing the child to engage in independent activities is added to the list of acts that do not constitute neglect. In response to the legislative change, the agency updated policy and practice related to the removal of children in the fall of 2021. The following data points illustrate the total children entering Texas foster care over the last three fiscal years and the reduction of entries into Texas foster care due to the impact of legislative and policy changes.

- In fiscal year 2020, 16,522 children entered Texas foster care.
- In fiscal year 2021, 16,028 children entered Texas foster care.
- In fiscal year 2022, 9,623 children entered Texas foster care.

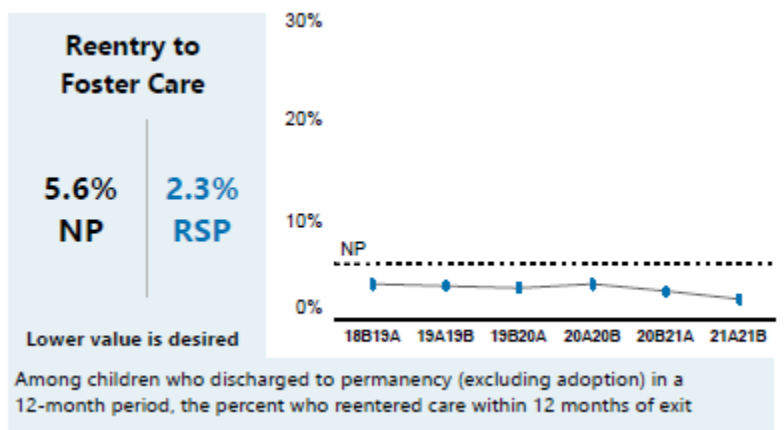
Data Profile



In the February 2023 Data Profile, Texas met or exceeded national performance in all three permanency outcome metrics. An analysis was completed to determine delays on achieving permanency in 12 months. During the October 2023 judicial conference, judges identified a primary reason for delay in permanency in 12 months was due to a delay in service connection. This was confirmed by agency regional leadership as a leading reason for the delay in achieving permanency in 12 months. These delays were attributed to waitlists with providers, delay in submitting required paperwork, or delayed engagement by the parent. In fiscal year 2022, the average number of months in care for youth who exited to family reunification was 14.6 months. Texas exceeds national performance in permanency within 12-23 months. The agency has a continued partnership with the Children’s Commission, regional leadership, and judicial

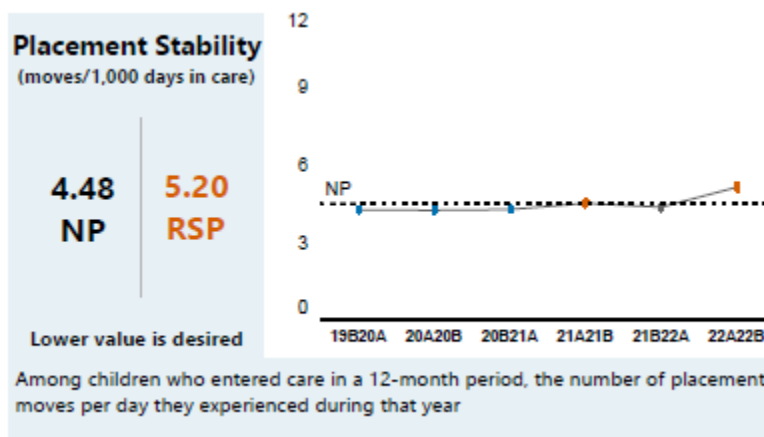
stakeholders. In these regular stakeholder conversations, the agency discussed the barriers to achieving permanency earlier.

Reentry into Foster Care

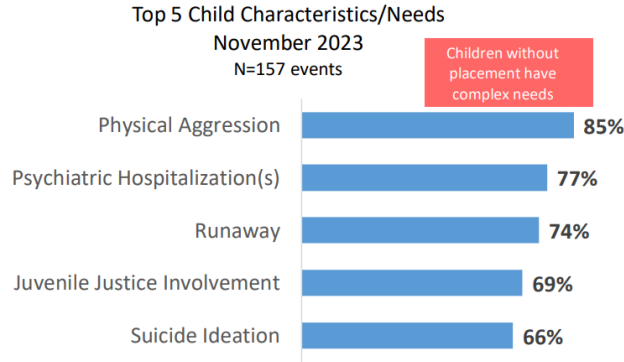


In the February 2023 Data Profile, Texas continues to exceed the national performance on the reentry-into-care metric. When youth achieve positive permanency, this data shows that those placements are stable and permanent.

Placement Stability



Historically, Texas has performed at or exceeding national performance as it relates to placement stability. As the number of children entering care has significantly decreased, the complexity of those youth’s needs in the first year has increased. For instance, in November 2023, 36% of children who had a child without placement event for the month had been in foster care for less than one year. The agency continues to strategize and address the complex needs of youth entering care and build appropriate capacity.



More information around capacity building and youth needs can be found throughout the assessment.

Case Read Data

During ongoing case reviews conducted by the agency, using the federal CFSR case review instrument (OSRI), Texas evaluates performance on several permanency items that impact positive permanency outcomes for children. Below are the results of the case reviews for the last four quarters. This case review consists of 240 foster care cases (60 cases per quarter) from a random statewide sample. The sample includes cases managed by agency staff and Community-Based Care providers.

Outcome/Item/Data Indicator	CFSR Round 3 Onsite	Q4-22	Q1-23	Q2-23	Q3-23
Permanency Item 1 and 2:					
Item 4: Stability of Foster Care Placement	77.0%	86.7%	81.7%	95.0%	88.3%
Item 5: Permanency Goal for Child	48.0%	61.7%	68.3%	68.3%	70.0%
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	42.0%	53.3%	50.0%	53.3%	65.0%
Item 7: Placement with Siblings	85.0%	92.9%	92.0%	86.7%	92.0%
Item 8: Visiting with Parents and Siblings in Foster Care	54.0%	55.3%	57.8%	57.5%	81.4%
Item 9: Preserving Connections	78.0%	83.3%	85.0%	75.0%	85.0%
Item 10: Relative Placement	86.0%	95.0%	96.6%	91.4%	91.5%
Item 11: Relationship of Child in Care with Parents	64.0%	43.8%	58.1%	58.3%	72.2%

Siblings Placed Together

DFPS and Community-Based Care providers make every effort to place sibling groups together. The data below illustrates the rate at which sibling groups are placed together. The data shows sibling groups where all siblings are in the same placement at the end of the fiscal year.

- In fiscal year 2020, there were 6,397 sibling groups, and 4,235 (66.2%) of those sibling groups were placed together.
- In fiscal year 2021, there were 6,104 sibling groups, and 3,925 (64.3%) of those sibling groups were placed together.
- In fiscal year 2022, there were 4,523 sibling groups, and 2,832 (62.6%) of those sibling groups were placed together.

Source: [CPS Substitute Care: Siblings Placed Together \(texas.gov\)](https://www.texas.gov/newsroom/2023/05/23/cps-substitute-care-siblings-placed-together)

Kinship

As of May 31, 2023, a total of 7,281 children were in a kinship placement. The 7,281 children represent state fiscal year 2023 year-to-date from September 2022 through May 2023. As of fiscal year-to-date 2023, an average of 41.5 percent of children were placed with relatives or fictive kin (either verified or unverified). Comparatively, last fiscal year for the same time frame, 44 percent of children were placed with relatives or fictive kin. The most recent national data (fiscal year 2021) indicates the national average for relative placement is 35 percent. In Summer 2023, qualitative feedback about kinship caregivers' experiences with financial support was solicited from caseworkers serving families receiving payments. Caseworkers and caregivers felt strongly that financial support enabled caregivers to provide not only for basic necessities, but also to provide care for youth. The full report can be found on the DFPS public website (Source: [Relative and Other Designated Caregiver Placement Program Report, Fiscal Year 2023 \(texas.gov\)](https://www.texas.gov/newsroom/2023/05/23/relative-and-other-designated-caregiver-placement-program-report-fiscal-year-2023)).

As shown above in the case review data for Item 10: Relative Placement, Texas makes concerted efforts to identify, locate, inform, and evaluate kinship placements. The kinship program continues to work toward connecting a higher number of children in care to kinship placements, placing children with family more quickly, and exiting to permanency with a kinship caregiver for children unable to return home. During fiscal year 2022, nearly 78 percent of the 16,880 exits from DFPS legal custody were either to family reunification or to a relative.

Kinship caregivers typically have little planning time before children are placed in their homes. Many are retired or living on limited fixed incomes, which makes it difficult for them to purchase items such as beds, car seats, clothing, diapers, and other immediate needs required for the children to be placed with them. In addition, daycare funding is limited and offered to kinship caregivers who meet required eligibility. The 88th Regular Legislative Session provided \$6.9 million to assist kinship caregivers with immediate needs, license verification reimbursement for expenses associated with foster care licensing, and Enhanced Permanency Care Assistance for kinship providers caring for children with increased needs. Pursuant to Senate Bill 135 of the 88th

Legislative Session, DFPS will develop a statewide electronic tracking system to track kinship home assessment requests. This system will enable improved oversight and accountability for timeliness of home assessments.

Per Senate Bill 593 of the 88th Regular Session, the Health and Human Services Commission (HHSC) and DFPS will contract with a vendor to provide an assessment of foster care and adoption rules and regulations and provide recommendations for how the state may streamline regulations while both prioritizing child safety and reducing barriers to entry for potential child-placing agencies, residential child-care facilities, foster families, kinship families, and adoptive families. New federal rules were released in October 2023 providing recommendations and guidelines related to provisional license to kinship, including fictive kinship caregivers. These federal rules include creating a separate set of standards and regulations for these caregivers. CPS is currently working alongside HHSC to ensure an implementation of these rules and recommendations.

Texas Permanency Outcomes Project (TXPOP)

In collaboration with DFPS, the University of Texas implemented a federal grant, the Texas Permanency Outcomes Project (TXPOP). TXPOP develops sustainable best practices utilized by child welfare agencies across Texas to connect children to their birth families, regardless of their permanency outcome. TXPOP has a three-pronged approach: TXPOP Practice Model, Statewide Capacity Building, and System Engagement. As it pertains to capacity building, TXPOP provides trainings and support to professionals with certificates in child welfare and child protection services from the Steve Hicks School of Social Work at the University of Texas at Austin. TXPOP also offers an online resource hub that provides child welfare workers with resources, tools, and materials on engaging birth families and ensuring the child's voice is at the heart of the work. TXPOP has developed a multimedia campaign for foster, adoptive, and kinship caregivers called [Compassionate Caregivers](#). This campaign provides resources and tools on how to engage with a child's family in a meaningful way.

Source: [Texas Permanency Outcomes Project \(TXPOP\) - Texas Institute for Child & Family Wellbeing \(utexas.edu\)](#)

Evidence

- Texas Data Profile
- DFPS Internal CFSR Case Review
- DFPS Data Book
- Relative and Other Designated Caregiver Placement Program Report
- Texas Permanency Outcomes Project
- Texas Family Code

Summary of Performance

During CFSR Round 3 Program Improvement Plan, Texas worked to strengthen parental support and engagement and strengthen appropriate permanency goal selection to improve outcomes.

The analysis shows the positive impact occurring on permanency outcomes. Texas is meeting or exceeding national performance for permanency outcomes. In addition, Texas administrative data shows the emphasis on placing sibling groups together and placing children with kinship caregivers. With the support of the Legislature and stakeholders, the state continues to look at ways to better support kinship caregivers. Texas has assessed that the state is in **substantial conformity** for this outcome.

C. Well-Being

Texas has assessed the state is in **substantial conformity** for the well-being outcome.

Analysis

The CPS Division of Federal and Program Improvement conducts regular case reviews using the CFSR process on a quarterly basis. The division uses the federal CFSR On Site Review Instrument (OSRI) to evaluate safety, permanency, and well-being outcomes. The agency reviews 100 cases each quarter (400 cases per fiscal year) comprised of 60 foster care cases and 40 in-homes cases. These cases are selected randomly, and the agency ensures all regions are represented through stratification based on the percentage of cases each region contributes, including Community-Based Care catchment areas. Data over the last four quarters is shared below. The agency notes this review looks at 400 cases per fiscal year, and 240 of those concern youth in foster care out of the 38,294 youth in foster care in fiscal year 2022.

Outcome/Item/Data Indicator	CFSR Round 3 Onsite	Q4-22	Q1-23	Q2-23	Q3-23
Well-Being 1:					
Item 12A: Needs Assessment and Services to Children	92.0%	83.0%	78.0%	85.0%	83.0%
Item 12B: Needs Assessment and Services to Parents	53.0%	48.8%	41.6%	59.3%	52.3%
Item 12C: Needs Assessment and Services to Foster Parent	94.0%	96.6%	96.4%	100.0%	98.2%
Item 13: Child and Family Involvement in Case Planning	64.0%	51.7%	46.3%	61.7%	61.1%
Item 14: Worker Visits with Child	88.0%	84.0%	82.0%	83.0%	81.0%
Item 15: Worker Visits with Parents	47.0%	39.7%	36.4%	45.9%	45.3%
Well-Being 2:					
Item 16: Educational Needs of the Child	91.0%	93.1%	88.1%	94.4%	96.3%
Well-Being 3:					
Item 17: Physical Health of the Child	88.0%	81.4%	72.9%	87.7%	86.4%
Item 18: Mental/Behavioral Health of the Child	79.0%	78.9%	76.6%	86.2%	86.3%

Source: CPS Federal and Program Improvement Review division

The case reviews show that the agency is meeting the educational needs of the children in conservatorship. The agency also does well assessing the needs and services of youth and caregivers as evidenced in the case reviews and the data provided below on timely caseworker visits with children. During the October 2023 Youth Leadership Council meeting, the majority of youth shared that regular visits with their caseworkers do occur.

Face-To-Face Contacts For Children in Conservatorship in Open SUB/ADO Stages (Multi-Month Year Summary) for Children Age 0 to17 Years, September 2021 to August 2022

Month	Children Needing Contact	Contact Made in Report Month	Contact Made in Report Month %	Contact Recorded in IMPACT Timely	Contact Recorded in IMPACT Timely %	Overall Compliance	Overall Compliance %
21-Sep	26,849	26,503	98.7%	24,625	92.9%	24,625	91.7%
21-Oct	26,187	25,819	98.6%	23,868	92.4%	23,868	91.1%
21-Nov	25,088	24,737	98.6%	22,775	92.1%	22,775	90.8%
21-Dec	24,180	23,955	99.1%	21,982	91.8%	21,982	90.9%
22-Jan	23,654	23,426	99.0%	21,977	93.8%	21,977	92.9%
22-Feb	23,091	22,846	98.9%	21,484	94.0%	21,484	93.0%
22-Mar	22,414	22,223	99.1%	20,869	93.9%	20,869	93.1%
22-Apr	22,014	21,826	99.1%	20,453	93.7%	20,453	92.9%
22-May	21,580	21,379	99.1%	19,988	93.5%	19,988	92.6%
22-Jun	21,038	20,845	99.1%	19,416	93.1%	19,416	92.3%
22-Jul	20,731	20,524	99.0%	19,108	93.1%	19,108	92.2%
22-Aug	20,330	20,141	99.1%	18,539	92.0%	18,539	91.2%
Statewide Total	277,156	274,224	98.9%	255,084	93.0%	255,084	92.0%

Source: DFPS Data Warehouse - Report Number: SA_42sy

DFPS caseworkers utilize planning meetings to engage youth, caregivers, birth parents, support systems, providers, and other child advocates in case planning and assessment of needs. Planning meetings are Family Team Meetings, Family Group Conferences, and Circle of Support.

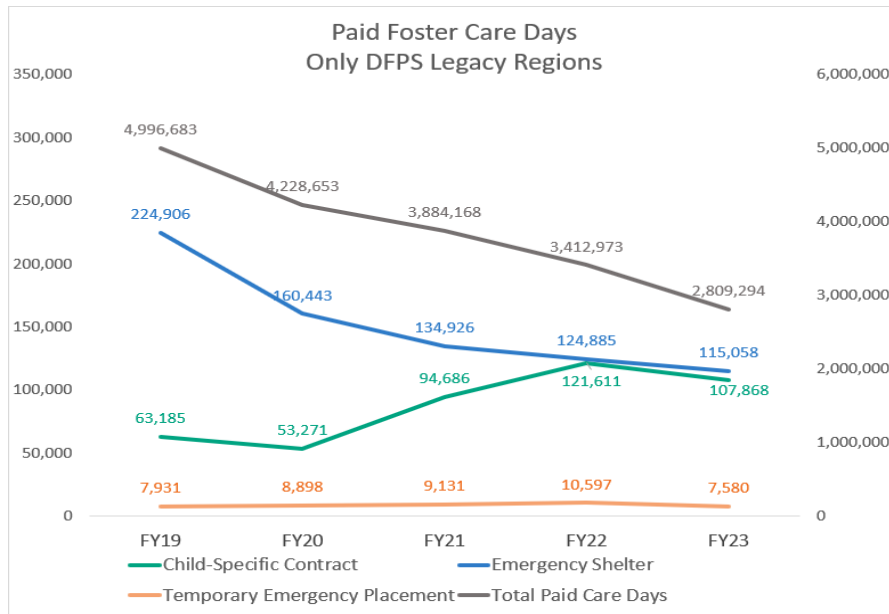


Source: [DFPS Data Book \(texas.gov\)](https://www.texas.gov)

Section III- Assessment of Child and Family Outcomes

The agency has observed decreased entries into foster care over the recent fiscal years. This is attributed to changes in the statutory definitions of neglect and further policy changes. In fiscal year 2020, 16,522 youth entered foster care as compared to fiscal year 2022, when 9,623 youth entered foster care (Source: [Child Protective Services \(CPS\) Conservatorship: Removals \(texas.gov\)](https://www.texas.gov)). As the number of youth in foster care has decreased, these youth require services to address their individual higher acuity needs.

The following data analyzes youth in DFPS paid placements. Community-Based Care providers can utilize a different level of care system and thus are excluded from the data below. In fiscal year 2021, 10,914 youth were in a paid placement with 1,504 (14%) youth requiring specialized levels of care. In fiscal year 2022, 8,768 youth were in a paid placement with 1,352 (15%) youth requiring specialized levels of care. In fiscal year 2023, 7,788 youth were in a paid placement with 1,314 (17%) of youth requiring specialized levels of care.



As the needs of youth are increasing, the agency utilizes child-specific contracts to meet needs. The data above illustrates the decrease over fiscal years in the foster youth population and the increase in use of child-specific contracts to meet their needs. In addition, DFPS partners with other agencies and providers to meet the needs of the youth in foster care.

STAR Health

Texas has a statewide, comprehensive health care system designed to better coordinate and improve access to health care called STAR Health, which serves children as soon as they enter state conservatorship and continues in these transition categories. STAR Health is a Medicaid program that provides medical, dental, vision, and behavioral health benefits, including prescription medications, that are medically indicated. The program includes access to an electronic Health Passport, which contains a history of each child's demographics, doctor visits,

immunizations, prescriptions, and other pertinent health-related information. STAR Health is contractually required to conduct ongoing oversight of the psychotropic medication regimens of children through the Psychotropic Medication Utilization Review process, using the most recent Psychotropic Medication Parameters. The current version can be found at: [DFPS - Psychotropic Medications - A Guide to Medical Services at CPS \(texas.gov\)](#).

Through its contract with Superior Health Plan, the STAR Health managed care organization, the Texas Health and Human Services Commission (HHSC) monitors prescribing of psychotropic medication to youth in foster care. The resulting trends remain substantially below the rates of five, 10, or 15 years ago. The current rates indicate sustained long-term decreases in psychotropic prescriptions for children in foster care. An update on the Use of Psychotropic Medications for Children in Texas Foster Care: State Fiscal Years 2002-2019 Data Report is underway and is expected to be released by the end of calendar year 2024. The Psychotropic Medication Parameters are also currently under review, following a normal two-to-three-year schedule for routine review.

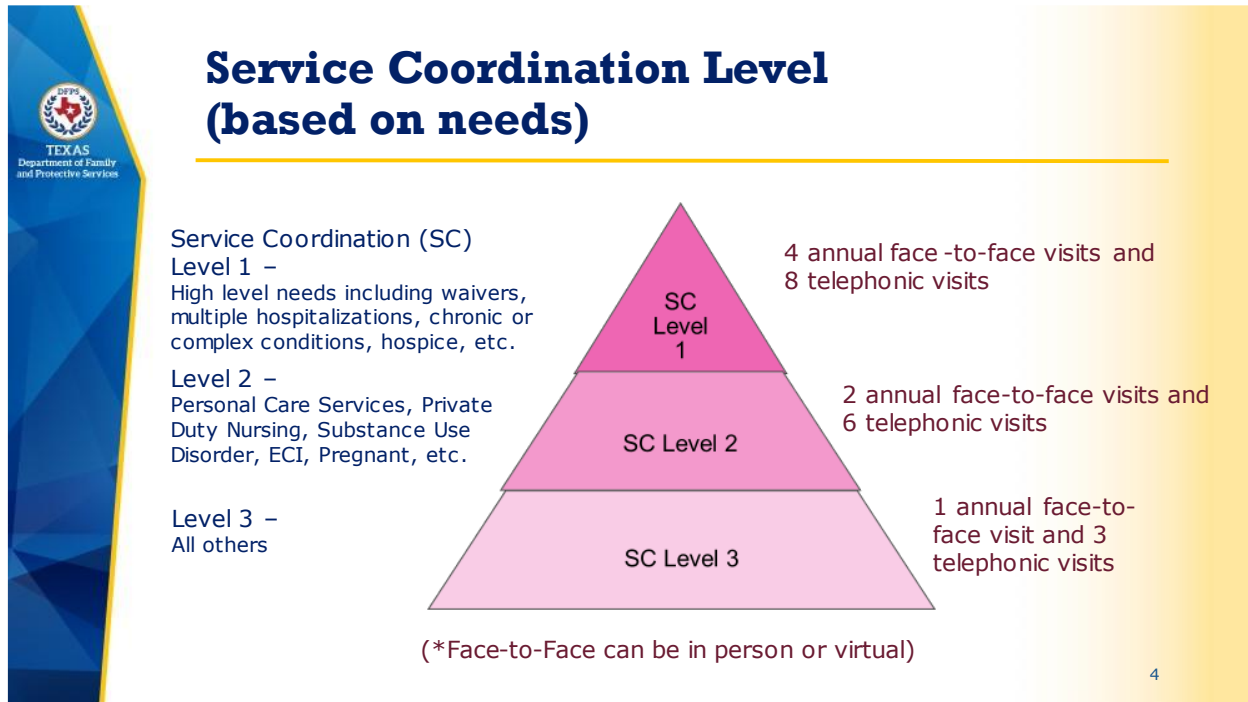
DFPS combines three critical tools for assessing the medical, behavioral, and developmental strengths and needs of children and youth entering DFPS custody. These assessments are referred to as “3 in 30,” or three assessments due within the first 30 days following removal.

- **3-Day Medical Exam** – Within three business days, some children entering DFPS care must see a medical provider to check for injuries or illnesses and get any needed treatments. The 3-Day Medical Exam is limited to children who meet certain criteria as identified in statute.
- **Child and Adolescent Needs and Strengths (CANS) Assessment** – Within 30 days of entering DFPS care, children age 3 to 17 years old must get a CANS assessment to help inform the service planning and placement processes. The assessment helps DFPS understand the impact of the child’s trauma and their ability to cope. The CANS assessment identifies services and existing strengths, such as counseling and positive relationships, that may help the child.
- **Texas Health Steps Medical Checkup** – Within 30 days of entering DFPS care, children must see a medical provider for a comprehensive check-up with lab work. This ensures:
 - ▶ DFPS is able to address medical issues early.
 - ▶ Children are growing and developing as expected.
 - ▶ Caregivers know how to support strong growth and development.

HHSC, DFPS, and Superior Health Plan, the contracted STAR Health provider, monitor compliance by obtaining Texas Health Steps checkups within the first 30 days of a foster care episode.

The STAR Health program was launched in 2008 in a collaborative effort between HHSC, DFPS, and Superior HealthPlan. The new contract was awarded to Superior HealthPlan to continue STAR Health and went “live” on September 1, 2023. One of the key changes resulting from the

new contract is that all new STAR Health members are assigned to a Service Coordinator and to one of three levels of service coordination based on acuity. Below is an overview of the service coordination levels.



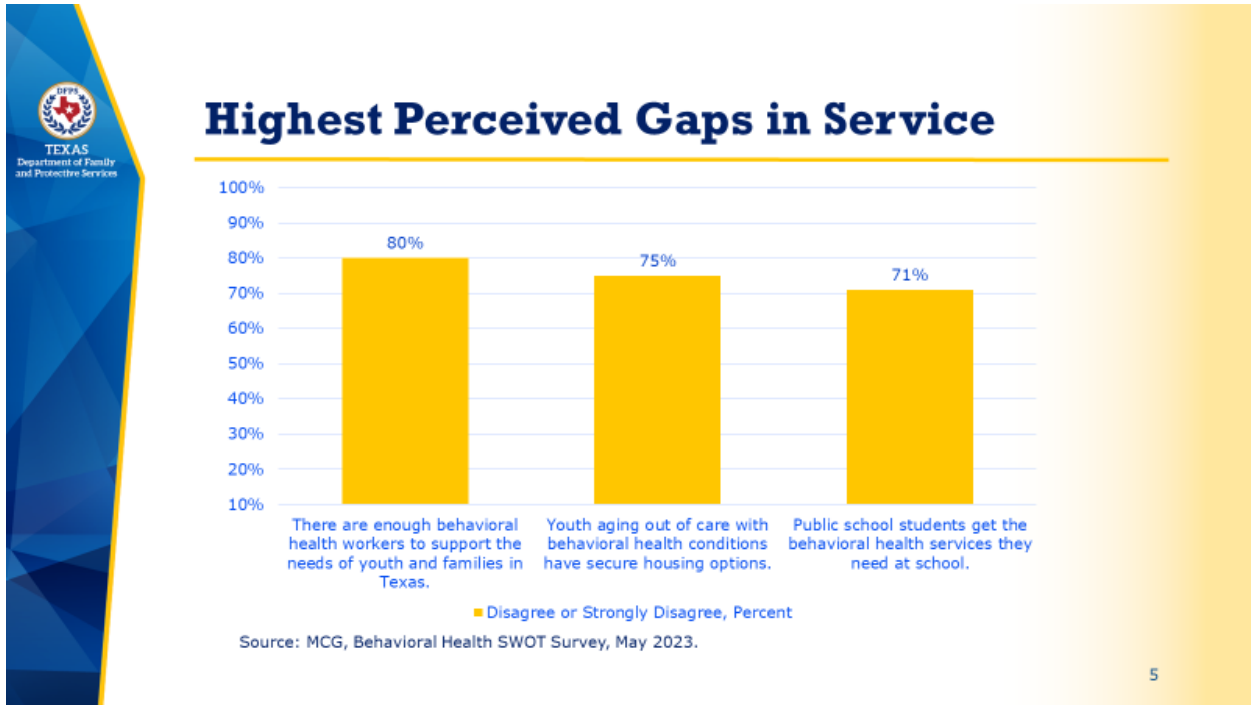
Current Initiatives

Strategic Behavioral Health Planning

To ensure a coordinated and outcome-based approach to meeting the behavioral health needs for youth in DFPS conservatorship, DFPS proposed and the 88th Texas Legislature appropriated funding for a dedicated team at DFPS solely focused on addressing the strategic, coordinated care of youth in conservatorship. The DFPS Chief Strategist for Behavioral Health and her inaugural team work closely with DFPS leadership and other child-serving institutions, stakeholders, and partners to strengthen service delivery for youth and families engaged with the DFPS system. Efforts began with an analysis of gaps within the Texas system, conducted with surveys and focus-groups for internal and external stakeholders. Participants shared their opinions regarding strengths, weaknesses, opportunities, and threats. Results included the following perceptions:

- Strengths: Government awareness of the need for services and a dedicated workforce.
- Weaknesses: Provider shortages, lack of insurance coverage for behavioral health services, and difficulty accessing services.
- Opportunities: Attract providers, improve accessibility, and prevent disruptions in care (continuity of care).
- Threats: Disruptions in care, potential reduction in behavioral health services, and increased demand for services.

Additionally, the service gaps were perceived to be in three very significant areas:



There were themes determined when responses from all forums were aggregated.

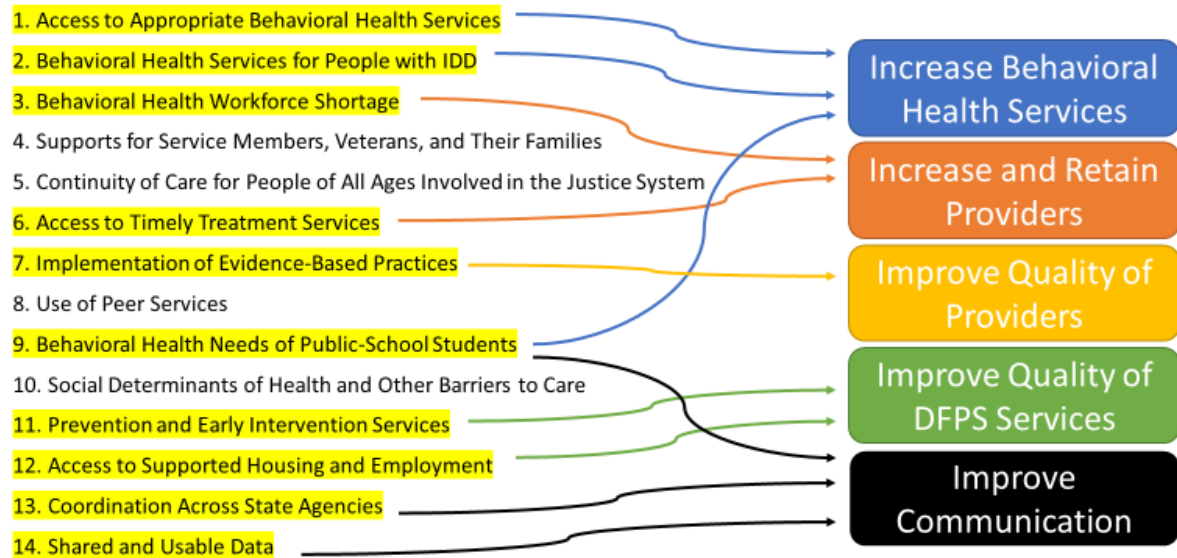
Key Themes Identified from Open-Response, Listening Sessions, and Comments Form

Topics	Count
Increase Behavioral Health Services	299
Increase and Retain Providers	256
Improve the Quality of Providers	218
Improve the Quality of DFPS Services	178
Improve Communication	84
Positive Comments	33
State Politics or Policies	31
Opportunity/Solution	26
Total Topic Tags	1125

Source: MCG, Behavioral Health SWOT Survey, Listening Sessions, and Comments Form, 2023.

The results indicated that strategic approaches to addressing any gaps in the services needed to improve child and family well-being must be collaboratively addressed in the Texas public/private behavioral health system.

Key Themes Align with 10 out of 14 Identified Gaps in the Statewide Behavioral Health System



Source: Statewide Behavioral Health Coordinating Council, Texas Statewide Behavioral Health Strategic Plan, Fiscal Years 2022-2026.

DFPS and its new Office of Behavioral Health Strategy will identify recommendations and report the recommendations to the Texas Legislature by the end of calendar year 2024.

Texas Child-Centered Care (T3C)

Successful implementation and transition to the T3C system is anticipated to result in overall improvement to safety, permanency, and well-being outcomes for children in the foster care system. T3C will strengthen assessment of individual needs, matching needs to services and funding fully the delivery of services. T3C includes use of a universal assessment process to assess the needs of children and youth entering care. T3C will be utilized for every child in foster care, regardless of their level of needs. Although it will take time to develop and implement, modernizing and fully funding the delivery of paid placement services is designed to fill gaps identified in the continuum of care. A high-level overview of the implementation plan and key milestones for the T3C project can be found beginning on page 28 of the [Foster Care Rate Modernization: Pro Forma Modeled Rates and Fiscal Impact report and DFPS companion report \(texas.gov\)](#).

Evidence

- DFPS Data Book
- DFPS Data Warehouse

Section III- Assessment of Child and Family Outcomes

- Annual Progress and Services Report
- DFPS Public Website for Foster Care Rate Modernization

Summary of Performance

In CFSR Round 3, Texas was found to be not in substantial conformity on the well-being outcome. The state continues to perform well in ongoing case reviews, continues to assess children's needs during face-to-face visits, and utilizes planning meetings to engage and collaborate with youth, caregivers, parents, providers, etc. In addition to what is described, although there is substantial focused work on building capacity for residential providers and other service providers, Texas has multiple initiatives and is actively collaborating in its work designed to further enhance youths' well-being by strengthening needed services. Texas has assessed the state is in **substantial conformity** for this outcome.

Section IV Assessment of Systemic Factors

A. Statewide Information System

Item 19: Statewide Information System

Texas has assessed the state's performance on this systemic factor to be in **substantial conformity**. Texas's information system (IMPACT) provides its users with the ability to identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care. In CFSR Round 3, Texas was in substantial conformity for the statewide information system systemic factor. Since Round 3, Texas has continued to maintain a functioning information system that meets federal criteria. In addition, Texas has continued efforts to improve the information system through IMPACT modernization efforts. Texas has assessed the state's performance for Item 19: Statewide Information System in CFSR Round 4 to be a **strength**.

Analysis

The Texas Statewide Automatic Child Welfare Information System where CPS staff records casework-related activities is known as IMPACT. Federal reporting data managed through the National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Automated Reporting System (AFCARS) comes from IMPACT. According to the most recent federal Texas Data Profile (February 2023), IMPACT data reported is complete and of sufficient quality for a less than 2 percent error rate in all areas.

The same federal data profile for Texas indicates its NCANDS data is complete and performing above federal thresholds for accuracy. The most recent DFPS AFCARS Foster Care Data Compliance Report shows DFPS met AFCARS standards. The DFPS Management Reporting and Statistics division tests the efficacy of the data captured in IMPACT for various data warehouse reports and federal data submissions. DFPS Information Technology (IT) runs the AFCARS extraction file monthly through the federal validation tool. Items evaluated as being a concern due to data quality or data entry are addressed on an ongoing basis. DFPS regularly instructs regional staff to review data on any AFCARS elements nearing the 3 percent threshold.

Accurate reporting of data is critical for 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. The DFPS Data Warehouse stores information entered into IMPACT to make data more manageable and accessible for users and help with decision-making and research. DFPS Data Warehouse sections include, but are not limited to, intake, investigation, family stages, permanency planning (legal conservatorship), substitute care, adoption, foster and adoptive home development, and Preparation for Adult Living. IMPACT data is routinely published on the DFPS public website, enabling "real time" public scrutiny of the data by external stakeholders. Data, including the interactive Data Book, is available to the public at: http://www.dfps.state.tx.us/About_DFPS/reports.asp

IMPACT is designed so any DFPS or Community-Based Care employee with access can readily identify the status of each case by conducting a person and case search and viewing the case summary. While cases can be viewed by authorized staff statewide, only the assigned primary or secondary workers, supervisors, and others with the appropriate security profile (i.e., chain of command) can alter data entry. Various case reviews assist in ensuring correct data entry and information. Cases can be reviewed by regional management for any reason, all the way up the chain of command. Any data questions or discrepancies found during formal or informal processes

are addressed with staff, and corrections are made as needed. While Community-Based Care providers have their own information system, their staff enter the required data into IMPACT as the official record.

"Live case reviews," or case reviews of active cases, have been implemented in multiple stages of service. Live case reviews occur in investigation cases through child safety specialist and risk manager reviews. A Parental Child Safety Placement team conducts live case reviews on investigation or FBSS cases with a Parental Child Safety Placement. Live case reviews occur in FBSS cases through a dedicated quality assurance team. Program directors in multiple stages of service use a case review tool to review a sample of open cases on the staff workloads in their jurisdiction. Live case reviews add another layer of accountability in ensuring accurate and timely data entry. Staff involved in these case reviews have direct interaction with the staff working the cases and doing the data entry.

Case reviews performed by the CPS Federal and Program Improvement Review division use samples of cases open in a prior period of review and are not considered "live case reviews," although some may still be open. These case reviews include quarterly CFSR, screened intake, eligibility assistance, and other ad hoc case reviews. These case reviews also ensure data entry is correct and up to date. The CFSR review utilizes the federal Onsite Review Instrument quarterly and tracks outcomes in safety, permanency, and well-being. Ad hoc case reviews look at a variety of items that pertain to policy and practice. Quality Assurance Specialists have been given access to some of the Community-Based Care provider information systems. For those systems they do not have access to, staff work with the provider staff to obtain copies of the case record from their information system. For Community-Based Care staff, certain required information is input into IMPACT (for example, monthly face-to-face visits with children).

Upon completion of case-related tasks, employees submit IMPACT documentation for supervisory approval. After the supervisor reviews and approves submitted documentation, the automation design prevents further editing. If there is a determination that an error must be corrected, staff contact the Application and Data Support team, which is able to correct data entry errors. This helps ensure accuracy in IMPACT, resolving more complex data integrity issues by providing guidance to staff regarding common functions, processing data correction requests, and upon request by program management. The team provides guidance in correctly documenting casework actions in IMPACT and research opportunities to improve the systems to reduce errors. The Application and Data Support team manages application security and user permissions, merges, and client role removal when approved. Merge specialists perform appropriate person merges to eliminate duplicate records, which improves IMPACT accuracy and staff ability to locate case history.

As a supplement to the Application and Data Support team, DFPS employs approximately 150 regional staff identified as "fixers" who can correct some data problems in IMPACT without going through the Application and Data Support team. Minor changes to service authorizations, legal status or actions, placements, and other foster care payment concerns can be corrected by a regional fixer. The IMPACT data corrections self-service online feature, called the "Make Your Own Ticket" online application, allows staff to quickly create direct online tickets to resolve IMPACT data errors that cannot be corrected regionally and require specialized assistance. This team and its procedures allow for data corrections to occur when needed but also ensure an overall accountability process for correcting data already approved by a supervisor.

Section IV- Assessment of Systemic Factors

IMPACT is set up similarly to a physical case file with separate tabs for the various stages of work, including investigation, FBSS, conservatorship, kinship, adoption, and others. Each CPS worker's IMPACT homepage displays all stages assigned to that worker, including the dates when the stages were opened and assigned. Within each stage of service, there are pages where a caseworker can document principal people in the life of the case, services provided to families and children, legal actions, and case contacts. The cases include demographic information about the children and families, including placement information for children in foster care, as well as qualitative narrative information on each case. IMPACT also includes demographic information on the populations served by DFPS, including names, dates of birth, races/ethnicities, and person identifiers. Family Plans of Service and Child's Plans of Service with permanency goals are developed in IMPACT. Workers can also view supervisor approvals or rejections, upcoming court dates, medical appointments, and more.

There are multiple stages in IMPACT as cases move through the system. IMPACT captures various information that includes demographic characteristics, personal identifiers, location, legal actions, goals, and statuses. Below illustrates some of the information gathered that can be readily identified.

	Demographic Characteristics	Location	Legal Actions	Goals	Status
Intake Stage	Y	Y	N	N	N
Alternative Response Stage	Y	Y	Y	N	N
Investigation Stage	Y	Y	Y	N	N
Family Based Safety Services/In-Homes Stage	Y	Y	Y	N	N
Foster Care Stage	Y	Y	Y	Y	Y
Kinship Care Stage	Y	Y	N	N	N
Family Substitute Care and Family Reunification Stage	Y	Y	Y	Y	Y
Adoption Stage	Y	Y	Y	N	Y

In addition, some stages capture safety and risk assessments, family and child plans, service authorizations, safety planning, medical assessments, resources offered to the family, investigation disposition and severity, emergency eligibility determination, home assessments, medical or mental health diagnosis, and much more.

Opportunities for Improvement

As with any computer-based system, IMPACT requires enhancements and updates on an ongoing basis. The Texas Legislature appropriated additional staff and funds to modernize IMPACT and grant external access. The funding provided has allowed DFPS to progress on a multi-year modernization effort. This initiative is designed to transform an older system into a more modern one in terms of information technology and software architecture. Currently, IMPACT does not have a data field in cases investigated by Child Protective Investigations for an incident date. Without this data field, validated investigations of abuse or neglect of foster youth where the incident occurred prior to the youth entering care are included in the current Maltreatment in Care case population on the data profile. CPS has submitted a request for an IT project that would create an incident date field in those investigations. This would allow for incidents that occurred prior to the child entering care to be eliminated from the Maltreatment in Care population on the data profile. In addition, as Community-Based Care moves throughout the state, it would be beneficial

Section IV- Assessment of Systemic Factors

for the provider information system to communicate with IMPACT to prevent staff from having to enter information into two systems.

System Level Administrative Data Collection

The DFPS Data Warehouse also has Report SA_04, Demographics of Children in Foster Care to show the foster care children’s demographics, including age, gender, race/ethnicity, and any child characteristics. This report can be pulled by region, county, or unit and worker level and includes the unit number, the total number of children with an open case, and child characteristics.

Child Protective Services																									
Substitute Care Population Demographics For Children Age 0-17 At the End of July 2023 Legal Region(s): All County(s): All																									
State	Total Children	Age 0-2	Age 3-5	Age 6-9	Age 10-13	Age 14-17	No Age Rec	Sex - Female	Sex - Male	Sex - UTD	Race/Ethnicity - African American	Race/Ethnicity - Hispanic	Race/Ethnicity - Anglo	Race/Ethnicity - American Indian	Race/Ethnicity - Asian	Race/Ethnicity - Multiple	Race/Ethnicity - UTD Ethnic	Race/Ethnicity - No Ethnic Rec.	Characteristics - Physical	Characteristics - Medical	Characteristics - Drug/Alcohol	Characteristics - Emotional	Characteristics - Learning	Characteristics - Sibling	Characteristics - Non Parent
Texas	17,681	5,293	3,079	3,236	2,725	3,348	0	8,543	9,137	1	4,038	7,515	4,909	18	61	952	187	1	143	791	1,423	2,473	2,741	1,884	39

Notes: Some Children may have more than 1 characteristic or may have no characteristics.
A blank in Region and County indicates children with no legal status entered.

Data Source: Agency Data Warehouse
Dashboard Name: cps_sa_04
Report Name: sa_04/sr/c
MDC - Warehouse Data As of: 08/07/2023
Report Run Date: 9/5/2023

?
FILTERS

Year
2023

Month
July

Legal Region
All

County
All

Several data warehouse reports are monitored by regional and DFPS State Office staff to ensure timely data entry and monitor missing information. These reports are available from the state level to the unit level, down to a weekly frequency for appropriate monitoring and are not released externally to the agency (which is why the content is not identified and is obscured below). Regular reports measure the amount of in-person contacts between a child in foster care and the caseworker and the percentage of the contacts in the child's residence:

- Data warehouse report af_02: Contacts - Adoption and Foster Care Automated Reporting System Foster Care Children (State FY 2012 Forward)

Section IV- Assessment of Systemic Factors

Child Protective Services For Internal Use Only - Not for External Distribution							
ACF Monthly Caseworker Visits and Percent Occurring in the Residence of the Child State Fiscal Year: FY 2023 / September 2022 To August 2023							
State Period	Month	Month Year	Children in Foster Care	Visited by Caseworker	% Visited By Caseworker	Visits in Child's Residence	% Visits in Child's Residence
A	September	9/2022					
	October	10/2022					

For Internal DFPS Use Only - Not for External Distribution


Children included in this report are those that match the Federal AFCARS definition of "Foster Care" (as defined by Administration for Children and Families). These children are considered to be in "Substitute Care" by Texas definition.

Children in Foster Care: All children in AFCARS who have been in Foster Care as defined by Administration for Children and Families in ACYF-CB-PI-12-01 for the entire month. Excludes children entering Foster Care during the month or children discharged during the month. Excludes 18 and older.

% Visited by Caseworker: All children in AFCARS Foster Care who had at least one visit by caseworkers during the month divided by the total children in AFCARS Foster Care during the month. Times 100 to calculate the percentage.

% Visits in Child's Residence: All children who had at least one visit by caseworker in the child's residence during the month divided by all the children who had a visit by caseworkers during the month. Times 100 to calculate the percentage.

Data Source: Agency Data Warehouse - AFCARS Data Mart
Workbook Name: cps_af_01_02
DW Report Name: af_02sy
Warehouse Data As of: 08/07/2023
Report Run Date: 09/05/2023



FILTERS

Fiscal Year
FY 2023

Data warehouse reports also monitor permanency reviews: (AFCARS Foster Care Element #5)

- Data warehouse report af_12: AFCARS Children Needing Legal Action Recorded or Corrected


Child Protective Services For Internal Agency Use Only - Not for External Distribution									
AFCARS Children Legal Action Recorded or Corrected for AFCARS FC#5 on Periodic Review Federal Fiscal Year: 2020 / Federal Period: B / Region: All / Unit: All / Worker: All									
Legal Region	TMC Children	TMC Need Legal Action	TMC % Need Legal Action	PMC Children	PMC Need Legal Action	PMC % Need Legal Action	Total Children	Total Need Legal Action	Total % Need Legal Action
01									
02									
03									
04									
05									

For Internal DFPS Use Only. Not for External Distribution

This report is as of the last available month of the selected fiscal year.
This report includes children:
1- who were without an outcome action date as of the end of the month and more than 9 months between the removal date and the end of federal period.
2- who had an outcome action date and more than 9 months between the action date and the end of the federal period.

The end of the federal period A is March 31st and the end of the federal period B is September 30th.

Data Source: Agency Data Warehouse
Workbook Name: cps_af_12
DW Report Name: af_01sy/rj/uy/wy
Warehouse Data As of: 11/07/2020
Report Run Date: 09/05/2023



FILTERS

Federal Fiscal Year
2020

Region
All

Unit
All

Worker
All

Section IV- Assessment of Systemic Factors

- Data warehouse report pp_09: TMC/PMC - Legal Action

Child Protective Services															
Legal Action for Children in TMC or PMC - Important for AFCARS Federal Review Reports															
For the Month of: July 2022 / Region(s): All															
Region	Total Children in TMC	TMC Need Legal Action	% TMC Need Legal Action	TMC Legal Action Recorded	TMC Legal Action Recorded Timely	% TMC Legal Action Recorded Timely	Total Children in PMC	PMC Need Legal Action	% PMC Need Legal Action	PMC Legal Action Recorded	PMC Legal Action Recorded Timely	% PMC Legal Action Recorded Timely	Total Children in TMC and PMC	% Need Legal Action	% Legal Action Recorded Timely
001	670	95	14.2%	0	0	0.0%	696	76	10.9%	74	47	63.5%	1,366	12.5%	63.5%
002	718	54	7.5%	0	0	0.0%	541	88	16.3%	47	29	61.7%	1,259	11.3%	61.7%
003	2,231	189	8.5%	1	0	0.0%	2,027	137	6.8%	238	121	50.8%	4,258	7.7%	50.6%
004	813	25	3.1%	0	0	0.0%	623	53	8.5%	88	60	68.2%	1,436	5.4%	68.2%

Legal Actions Expected:
 LS is TMC: Permanency Review Hearing at 6 months and then every 4 months or one of the designated legal actions is entered during this time period.
 LS is PMC: Placement Review Hearing every 6 months or one of the designated legal actions is entered during this time period.
 Designated Legal Actions are: PMC to Agency, Rts Not Term All; PMC to Agency, Rts Term All; PMC to Other; PMC to Parent; PMC to Relative; Adoption Consummation or Non Suit
 Legal Actions Recorded Timely: The legal action was recorded within 7 days.

NOTE - This report is looking for specific legal action codes. Do not use "New Using" on old legal actions. Pick the legal action from the drop-down list.

Data Source: Agency Data Warehouse
 Workbook Name: cps_pp_09
 DW Report Names: pp_09s
 Warehouse Data As of: 11/07/2022
 Report Run Date: 09/05/2023

?

FILTERS

Year
2022

Month
July

Region
All

Evidence Reviewed:

- Annual Progress and Services Report
- Data Profile
- DFPS Data Book
- Data Warehouse

Summary of Performance

Texas continues to have a functioning information system that meets federal criteria. In addition, IMPACT also tracks more than what is required, and the state continues to identify enhancement efforts. Texas’s compliance with AFCARS and National Child Abuse and Neglect Data System data indicates the Texas information system has a high level of accuracy. Staff are able to easily pull data through the data warehouse from IMPACT, and the agency is able to share information publicly in the Data Book on the DFPS public website. Texas has assessed the state’s performance for Item 19: Statewide Information System in CFSR Round 4 to be a **strength**. Texas has assessed the state’s performance on this systemic factor to be in **substantial conformity**.

B. Case Review System

Item 20: Written Case Plan

In CFSR Round 3, Item 20: Written Case Plan was found to be a strength. Texas has policy and practice in place that ensure each child and family has a written case plan completed timely, with an emphasis placed on the completion of that plan being done collaboratively. Texas has assessed the state's performance for Item 20: Written Case Plan in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Case Review systemic factor to be in **substantial conformity**.

Analysis

When children must be removed from their parents and placed in substitute care (DFPS conservatorship), the case plan is developed, consisting of a Family Plan of Service and a separate Child's Plan of Service for each child. The initial Family Plan of Service is due within 45 days from the date the child enters substitute care. The initial Child's Plan of Service is also due within 45 days. If the child is in temporary managing conservatorship, the caseworker must review the plan during the fifth month and ninth month from the date of the initial plan and then every four months thereafter. For children in permanent managing conservatorship with Basic service level needs, the caseworker must review the plan six months from the date of the initial plan and every six months thereafter. For children in permanent managing conservatorship with Moderate service level needs or above, the caseworker must review the plan three months from the date of the initial plan and every three months thereafter.

In IMPACT, each child in care has their own substitute care (SUB) stage. The substitute care stages are attached to the parent's family (FSU) stage. These stages remain connected in the case history, even if parental rights are ultimately terminated. Each substitute care stage has various tabs for caseworkers to use for data entry, including a tab for the Child's Plan of Service. IMPACT keeps a log of every Child's Plans of Service completed during the child's out-of-home care episode. This list includes the date each plan was entered, the approval status of the plan, the type of plan and date completed, and the child's name. A second tab titled "Child's Service Plans for Case List" will pull a similar listing but includes every Child's Plan of Service associated with the overall case ID, including any plans of service for siblings also in substitute care.

DFPS performs well in the area of completing the Child's Plan of Service. The following report for Fiscal Year 2022 shows a 99.5% completion rate for the initial Child's Plan of Service. Note: The children reflected on this report are without regard as to whether served by the DFPS legacy system or the SSCC.

**Initial Child’s Plan of Service for Children in Open Substitute Care
From September 2022 to August 2023**

Month/ Year	Required	Completed	Completed %	Not Completed	Not Completed %	Total	Due this month Completed	Due this month Completed %	Completed in 45 days	Completed in 45 days %
22-Sep	18,448	18,350	99.5%	98	0.5%	851	773	90.8%	714	83.9%
22-Oct	18,210	18,088	99.3%	122	0.7%	908	793	87.3%	736	81.1%
22-Nov	17,810	17,700	99.4%	110	0.6%	723	683	94.5%	624	86.3%
22-Dec	17,571	17,477	99.5%	94	0.5%	838	763	91.1%	709	84.6%
23-Jan	17,378	17,291	99.5%	87	0.5%	707	645	91.2%	595	84.2%
23-Feb	17,198	17,131	99.6%	67	0.4%	614	569	92.7%	539	87.8%
23-Mar	16,945	16,879	99.6%	66	0.4%	670	623	93.0%	575	85.8%
23-Apr	16,966	16,891	99.6%	75	0.4%	820	751	91.6%	686	83.7%
23-May	16,801	16,724	99.5%	77	0.5%	761	712	93.6%	667	87.6%
23-Jun	16,724	16,644	99.5%	80	0.5%	881	816	92.6%	750	85.1%
23-Jul	16,441	16,365	99.5%	76	0.5%	794	735	92.6%	659	83.0%
23-Aug	16,222	16,108	99.3%	114	0.7%	701	632	90.2%	575	82.0%
Total	206,714	205,648	99.5%	1,066	0.5%	9,268	8,495	91.7%	7,829	84.5%

Source: DFPS Data Warehouse Report SA_52

DFPS continues to utilize the Family Group Decision Making process to complete service plans while engaging the family and people the family considers as support systems. In fiscal year 2022, DFPS held a total of 22,454 Family Group Decision Making meetings to assist with case planning. This includes 8,556 Family Group Conferences and 2,142 Circles of Support. Data on family meetings by county can be located in the DFPS Data Book. Source: DFPS Data Book: [Child Protective Services \(CPS\) Conservatorship: Family Group Conferences \(FGC\) \(texas.gov\)](#)

DFPS and residential service providers have collaborated on development of a single Child's Plan of Service to meet requirements for both DFPS and child-placing agencies to reduce duplicative paperwork for the same child and decrease any confusion for the child, caregivers, and parents as well as attorneys and judges. The joint project includes participation from multiple DFPS divisions, child-placing agencies, residential treatment centers, and other service providers. The Single Case Plan meeting model was rolled out in several DFPS regions, depending partially on Community-Based Care implementation and regional choice. The Single Case Plan model was

implemented in phases. The first phase of creating of a uniform Child's Plan of Service used by all residential providers is complete. The second phase of developing a DFPS-led collaborative meeting model that includes all stakeholders involved with the child to develop the initial Child's Plan of Service is also complete. The last phase of implementation will be joint development of the Child's Plan of Service by DFPS and the provider through IMPACT. This phase is being explored with the external stakeholders to determine the best time frame for full implementation.

Family Plan of Service

When creating the Family Plan of Service, the caseworker conducts a Family Strengths and Needs Assessment (FSNA) with the parents to help identify areas of strengths and needs to assist in developing the Family Plan of Service. Both custodial and noncustodial parents are invited to participate in all service planning efforts. After information is gathered using the FSNA, a meeting is conducted to create the Family Plan of Service. The meeting may occur with 1) the parents only; 2) the parents and any significant people the parents invite; or 3) the parents, relatives, extended family, fictive kin, and other significant people. The Family Plan of Service identifies the permanency goals for children and the services provided to the parents. DFPS uses a Family Group Decision Making model and invites families to participate in service plan development in a format chaired by a Family Group Decision Making trained facilitator. Meeting formats are family group and permanency conferences with a focus on helping family, extended family, and kinship members develop, review, and modify a service plan to address the abuse and neglect issues identified by those present, including CPS. The results are used as the service plan, provided the concerns of DFPS and the court are addressed.

Under the Texas Family Code, courts review the service plan at a 60-day Status Hearing and determine whether it is narrowly tailored to meet the needs of the family. At the conclusion of the hearing, the plan, with any necessary modifications, is incorporated into an order of the court. Ongoing review of compliance with the service plan occurs at subsequent permanency hearings.

Family Plan of Service Reviews

At a minimum, the Family Plan of Service is reviewed in the fifth and ninth months a child is in care and every four months thereafter. It is reviewed more frequently, as needed and as circumstances change. If the child is returned home, a review is completed, noting any remaining issues to be addressed so 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 (i.e., permanent managing conservatorship), and if the permanency goal is no longer family reunification, the open family (FSU) stage is closed, and no further Family Plan of Service review is completed. If parental rights were not terminated when DFPS was given permanent managing conservatorship, family service planning continues for an additional six months. After the initial six months of DFPS permanent managing conservatorship, the Family Plan of Service is reviewed and updated every six months. If siblings remain in the home and DFPS either has an active legal case for those children or at the parents' request, DFPS may provide services to those children.

Child's Plan of Service

A child's unique needs and the means to address those needs are identified in the Child's Plan of Service. The Child's Plan of Service identifies the permanency goals for the child. The caseworker involves the child in the development of the plan, and the child signs the written plan, if old

enough. The caseworker also involves the child's caregiver, parents (if parental rights have not been terminated), relatives, caring adults, and other professionals involved with the child (e.g., guardian ad litem, child's attorney ad litem) in the development of the child's plan and subsequent reviews.

Child's Plan of Service Reviews

At a minimum, the Child's Plan of Service is reviewed in the fifth and ninth months a child is in care and every four months thereafter. If DFPS has permanent managing conservatorship and a child's service level is above basic, the Child's Plan of Service is reviewed every three months; otherwise, the review is at least every six months. Since contracted providers (e.g., child-placing agencies and residential care facilities) use a single child plan form, DFPS attaches that form to the plan from CPS records. In those circumstances, the combined plan is used for the review of the Child's Plan of Service. The worker does not update the Child's Plan of Service after every placement but does update it within 30 days of a significant change in the case or a change in the child's permanency goal, in addition to the above timeline.

For permanency hearings both before and after a final order, court reviews are used to monitor compliance with the case plan, using the court reports, testimony, and other evidence provided at those hearings. Pursuant to the Texas Family Code, courts must review the reports and evidence and make specific findings related to multiple safety, permanency, and well-being outcomes. DFPS measures and monitors compliance with completion of these plans within appropriate time frames, as well as the number of children who do not have an identified goal.

Evidence Reviewed

- Annual Progress and Services Report
- DFPS Data Book
- DFPS Administrative Data Warehouse
- DFPS Policy Handbook

Summary of Performance

In CFSR Round 3, Item 20: Written Case Plan was found to be a strength. Texas has continued to maintain policy and practice that ensure each child and family have a case plan completed timely with their involvement in the process. Texas has assessed the state's performance for Item 20: Written Case Plan in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Case Review systemic factor to be in **substantial conformity**.

Item 21: Periodic Reviews

In CFSR Round 3, Item 21: Periodic Reviews was found to be a strength. Texas has continued to ensure cases receive periodic reviews no less than once every six months. Texas has assessed the state’s performance on Item 21: Periodic Reviews in CFSR Round 4 to be a **strength**. Texas has assessed the state’s performance on the Case Review systemic factor to be in **substantial conformity**.

Analysis

Periodic reviews are conducted through the court review process in Texas during the following: the initial and subsequent permanency hearings while the case is in temporary legal status; hearings in which permanent orders are issued naming DFPS as the permanent managing conservator (final merits hearing); and hearings held after final orders are entered. The Texas Children’s Commission offers an “At a Glance” checklist for judiciaries and child advocates that goes over requirements at various stages of a legal case. The checklist can be found at: [2023-at-a-glance-chart.pdf \(texaschildrenscommission.gov\)](https://www.texaschildrenscommission.gov/2023-at-a-glance-chart.pdf).

The following charts show the median time to permanency review hearings before and after final order for the last three fiscal years. The data shows periodic reviews are held no less frequently than once per every six months between the two types of hearings, thereby meeting the federal requirement for periodic hearings.

All Children in Temporary Managing Conservatorship with an Initial Permanency Review Hearing

(Median Number of Days to Hearing)

	2021	2022	2023
Initial	169	169	168
2nd	108	105	105
3rd	98	98	92
4th	95	91	86
5th	84	78	77
6th	79	77	76
7th	71	63	58

**Source: Special data request #111480 on the chart provided for median time to permanency reviews before/after final orders.*

All Children in Permanent Managing Conservatorship with an Initial Placement Review Hearing

(Median Number of Days to Hearing)

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	2021	2022	2023
Initial	88	87	85
2nd	161	160	154
3rd	161	159	154
4th	161	154	154
5th	154	154	154
6th	154	154	154
7th	154	154	154

**Source: Special data request #111480 on the chart provided for median time to permanency reviews before/after final orders.*

Chapter 263 of the Texas Family Code requires that permanency review hearings are held with enough frequency to ensure that the federal requirements are met. This includes a mandate to have a periodic review at least once every six months and a permanency review hearing at least once every 12 months. The Texas Family Code requires that the initial permanency hearing be held no later than the 180th day after the date the court renders a temporary order appointing DFPS as temporary managing conservator of a child. Subsequent permanency hearings must be held no later than the 120th day after the date of the last permanency hearing in the suit. If DFPS has been named as a child's managing conservator in a final order (includes cases managed by a Community-Based Care SSCC) that does not include termination of parental rights, the court is required to conduct a permanency hearing after the final order is rendered at least once every six months until DFPS is no longer the child's managing conservator. This is the minimum required by statute in Texas, but various courts throughout the state conduct more frequent review, based on the case circumstances, local practice, or child's legal status (i.e., PMC).

In the IMPACT system, each child's individual substitute care stage includes a tab for Legal Status and Legal Actions. Legal Status allows the caseworker to update the child's legal status, as it changes throughout the case, including temporary managing conservatorship, permanent managing conservatorship with or without termination of parental rights, adoption consummation, and DFPS legal responsibility terminated. All substitute care stages also include a "Legal Status for Case" tab, which allows the user to see all legal status entries for any siblings associated with the same case ID number. The Legal Action tab allows caseworkers to enter all hearings and court orders associated with the child's case, and there is a comment section to let the caseworker include any special information from the hearing, including when the next hearing was set. In Texas, it is common practice for judges in CPS cases to give verbal notice in court of the next hearing, and that information is usually incorporated in the court order for that hearing. All substitute care stages also have a "Legal Action for Case" tab, which allows the user to see all legal actions for any sibling associated with the same case ID number.

If DFPS has been named in a final court order as a child's permanent managing conservator, the court must hold a permanency hearing to review DFPS's permanent managing conservatorship every six months until DFPS is no longer the permanent managing conservator (either because the child is adopted, leaves DFPS conservatorship for the managing conservatorship of another individual, or becomes an adult).

If all parental rights have been terminated, the first permanency hearing regarding DFPS's permanent managing conservatorship must take place no later than 90 days after the court appoints

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DFPS as the permanent managing conservator. Subsequent reviews are held every six months thereafter, as they are in cases in which parental rights have not been terminated.

Evidence Reviewed:

- Annual Progress and Services Report
- DFPS Data Book
- DFPS Administrative Data Warehouse
- Texas Family Code

Summary of Performance

In CFSR Round 3, Item 21: Periodic Reviews was found to be a strength. Texas has continued to ensure cases receive periodic reviews no less than once every six months. Texas has assessed the state's performance on Item 21: Periodic Reviews in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Case Review systemic factor to be in **substantial conformity**.

Item 22: Permanency Hearings

In CFSR Round 3, Item 22: Permanency Hearings was assessed to be a strength for Texas. Texas has continued to hold permanency hearings no later than 12 months from the date a child entered foster care. Texas has assessed the state’s performance on Item 22: Permanency Hearings in CFSR Round 4 to be a **strength**. Texas has assessed the state’s performance on the Case Review systemic factor to be in **substantial conformity**.

Analysis

The following chart shows the median time to permanency review hearings for children in foster care in Texas. The data was compiled internally for the last three fiscal years. The data shows permanency review hearings occur no less frequently than every 12 months, as required.

All Children in Temporary Managing Conservatorship with an Initial Permanency Review Hearing

(Median Number of Days to Hearing)

	2021	2022	2023
Initial	169	169	168
2nd	108	105	105
3rd	98	98	92
4th	95	91	86
5th	84	78	77
6th	79	77	76
7th	71	63	58

**Source: Special data request #111480 on the chart provided for median time to permanency reviews before/after final orders.*

If a child remains in foster care after 12 months (and possibly including a one-time court ordered six-month extension), the child's permanency status may be changed from temporary managing conservatorship to permanent managing conservatorship, while the agency continues to work on achieving positive permanency for the child. At that point the court begins holding permanency review hearings that were previously referred to as placement review hearings. If all parental rights have been terminated, the next permanency hearing must take place no later than 90 days after the court appoints DFPS as the permanent managing conservator. Subsequent reviews are held every six months thereafter, as they are in cases in which parental rights have not been terminated.

The following chart shows the median time to placement review hearings for children in foster care in Texas. The data was compiled internally for the last three fiscal years. The data shows placement review hearings occur no less frequently that every 12 months, as required.

All Children in Permanent Managing Conservatorship with an Initial Placement Review Hearing

(Median Number of Days to Hearing)

	2021	2022	2023
Initial	88	87	85
2nd	161	160	154
3rd	161	159	154
4th	161	154	154
5th	154	154	154
6th	154	154	154
7th	154	154	154

**Source: Special data request #111480 on the chart provided for median time to permanency reviews before/after final orders.*

Evidence Reviewed:

- Annual Progress and Services Report
- DFPS Data Book
- DFPS Administrative Data Warehouse

Summary of Performance

In CFSR Round 3, Item 22: Permanency Hearings was assessed to be a strength for Texas. Texas has continued to hold permanency hearings no later than 12 months from the date a child entered foster care. Texas has assessed the state's performance on Item 22: Permanency Hearings in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Case Review systemic factor to be in **substantial conformity**.

Item 23: Termination of Parental Rights

In CFSR Round 3, Item 23: Termination of Parental Rights was found to be an area needing improvement. During the Program Improvement Plan (PIP), the agency partnered with stakeholders and made improvement around parental engagement, collaboration, and case planning. Texas has assessed the state's performance on Item 23: Termination of Parental Rights in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Case Review systemic factor to be in **substantial conformity**.

Analysis

Federal law requires that DFPS request termination of parental rights if a child has been in foster care for 15 of the last 22 months unless certain exceptions apply. In Texas, the DFPS practice is called "pleading in the alternative." This practice is to request termination of parental rights as an alternative in the original petition filed at the time of removal. This approach puts the parents on notice from the beginning of the case that if the problems that led to removal are not resolved, DFPS may ask the court to terminate parental rights. Therefore, Texas meets the federal requirement for filing a petition to terminate parental rights when a child meets the 15 of 22 months in care requirement by filing a joint termination to include the possibility of termination at the onset of the case. DFPS does consider the special exceptions to filing a petition to terminate parental rights on a case-by-case basis.

Texas adopted the practice of pleading in the alternative in part because at the beginning of a case, it is more likely that the agency can effectuate legal service on all parents, and this prevents potential barriers that may occur if the agency waits until later in the case to file the termination petition. A single case may experience changes in caseworkers and attorneys from the time of removal to the time the agency makes the decision to pursue termination, which could lead to time barriers when the agency decides to pursue termination if the alternative language had not been included in the original petition. This practice is intended to eliminate any potential barriers to permanency and decrease the amount of time a child is in the agency's conservatorship. To be clear, DFPS only moves forward with setting a termination hearing when and if it becomes evident that adoption is the most appropriate permanency goal for the child.

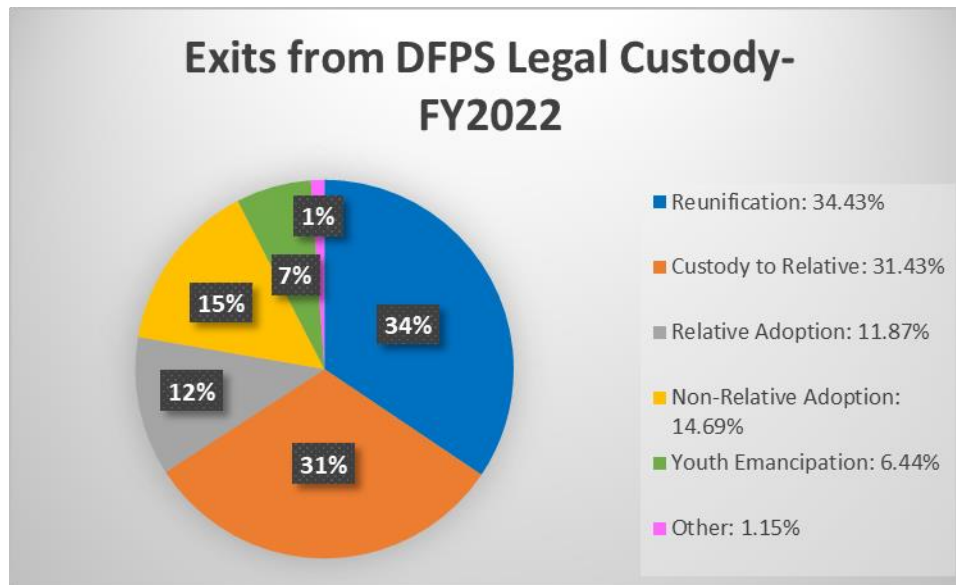
DFPS's practice of pleading in the alternative to include language to terminate parental rights at the time of removal was analyzed after CFSR Round 3 and operates under the following principals:

- Although the federal provision on point is not about requiring a concurrent petition, there is nothing to prohibit it. The congressional intent surrounding the provision was clearly to ensure that children do not languish in foster care. There is no indication Texas's practice is inconsistent with that in any way.
- To argue that the statute precludes filing for termination because doing so fails to take into account the specifically enumerated exceptions is to invert the purpose of the statute. The purpose of the statute is to ensure that in cases of a long foster care stay, the state makes reasonable efforts to achieve permanency by terminating parental rights, unless certain circumstances exist. There is nothing to prohibit the state from seeking termination because the child is being cared for by a relative. If termination is not in a child's best interest, the agency would not pursue it. Similarly, the agency could not obtain termination prior to

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making reasonable efforts to reunify. The agency does not pursue termination simply because it is printed on the petition. The agency pursues termination when it makes a careful determination based on the circumstances in the case that it is the appropriate goal for the child.

- State statutory schemes and the progress of litigation through the system vary widely. In Texas the practice is generally to plead in the alternative. It is common in litigation to plead in the alternative and then depending on the progression of the case, focus on a particular type of relief sought. Simply because termination is listed as a possibility does not mean that the state is actively pursuing it. This decision comes when the agency sets a termination hearing after deciding adoption is the most appropriate permanency goal for the child.
- The Texas Rules of Civil Procedure, Chapter 48, states: "A party may set forth two or more statements of a claim or defense alternatively or hypothetically, either in one count or defense or in separate counts or defenses. When two or more statements are made in the alternative and one of them if made independently would be sufficient, the pleading is not made insufficient by the insufficiency of one or more of the alternative statements. A party may also state as many separate claims or defenses as he has regardless of consistency and whether based upon legal or equitable grounds or both."
- Indeed, the data indicates that there is nothing anomalous about Texas pleading in the alternative. If Texas were an outlier and attempted to terminate at the beginning of the case, this would be reflected in the data. However, the data shows the following for fiscal year 2022:



Source: [Child Protective Services \(CPS\) Conservatorship: Children Exiting DFPS Legal Custody \(texas.gov\)](https://www.texas.gov)

Texas continues to prioritize reunification with parents when able and has improved in its rates. In fiscal year 2022, 9,623 children entered the legal custody of DFPS and 5,811 children were returned home to a parent.

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	FY20	FY21	FY22
Entries into Care	16,522	16,028	9,623
Reunifications	6,285	5,774	5,811

Source: [DFPS Data Book: Child Protective Services \(CPS\) \(texas.gov\)](https://www.dfps.gov/data-reports/data-book/child-protective-services-cps)

- Simply by filing a joint petition to include termination language at removal does not mean termination will occur. DFPS remains subject to the requirement that there must not only be a ground for termination but that the court must determine termination is in the child's best interest.
- Texas took great strides in advancing permanency by instituting a mandatory dismissal in statute. DFPS feels by jointly filing a petition at removal which includes termination language we are removing potential time barriers later in the case when it becomes evident that adoption is the most appropriate permanency plan for the child.

In cases where a petition is pled in the alternative for removal and termination, the agency ultimately makes a decision to move forward with setting a termination hearing if the agency decides to pursue adoption for the child. This occurs after the agency determines family reunification or guardianship is not the best permanency plan for the child. The plan to terminate parental rights is an ongoing discussion throughout the court hearings, permanency conferences, and meetings with the parents. The time frame for setting the hearing is decided through permanency meetings with the caseworker, supervisor, attorney for DFPS, and attorney ad-litem, based on what grounds for termination are present in the case. At times, the judge makes the decision to set a termination hearing before the agency does, based on the parent's failure to comply with services. Parents are entitled to court-appointed counsel if they are indigent and appear in opposition to the suit. If a termination hearing is set, the parents will be assigned an attorney if they do not already have legal representation. Parents are entitled to a jury trial and their attorney will submit a jury demand to the court.

Termination of parental rights is the most severe outcome for a civil legal proceeding. Following termination, the parent and child no longer have a legal relationship. Conversely, terminating parental rights is a prerequisite to adoption and broadens the array of permanency outcomes available to the child. Whether termination is voluntary or involuntary, it is weighed seriously for each parent and child. In general, if DFPS pursues termination, it does so with both parents. In rare circumstances, after conferring with the attorney representing DFPS, the agency may determine that termination on only one parent is appropriate because one parent is such a danger to the health and safety of the child that legal avenues to the child must be closed.

In assessing best interest, caseworkers always bear in mind the emotional effect that termination may have on a child. Ultimately, if the parent's performance in establishing a safe home for the child is inadequate, DFPS may consider asking the court to set a final hearing at which DFPS seeks termination of parental rights. If termination of one or both parent's rights is a permanency goal, it is essential that the caseworker confer with the attorney representing DFPS to assess whether there is sufficient evidence to support termination.

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In addition to evidence that termination is in the child’s best interest, there must be evidence of at least one ground for termination. Grounds for involuntary termination of parental rights are listed in the Texas Family Code, Chapter 161: Termination of the Parent-Child Relationship. In 2023, a requirement regarding reasonable efforts was also added to the termination statute. The attorney representing DFPS decides which of the many grounds for termination of parental rights to use in each specific case. While only one termination ground is necessary, lawyers typically plead and prove more than one ground to increase the likelihood of proving the case at trial or on appeal.

All Children Who Exited DFPS Responsibility

(In Months)

	2021	2022	2023
Family Reunification	13.63	14.03	13.93
Relative Care	15	15.63	16.13
Adoption	25.07	25.63	26.33
Emancipation	33.57	34.8	42.3
Exit to Long Term Care: Other	11.07	13.8	12.63

Median Days Between Adoption Goal and Permanent Managing Conservatorship (PMC) Legal Status

(In Days)

	2021	2022	2023
Median Days Between Adoption Goal and PMC Legal Status	206	196	190

Evidence Reviewed:

- Annual Progress and Services Report
- Texas Family Code
- DFPS Data Book
- DFPS Administrative Data Warehouse

Summary of Performance

In CFSR Round 3, Item 23: Termination of Parental Rights was found to be an area needing improvement. During the Program Improvement Plan (PIP), the agency partnered with stakeholders and made improvement around parental engagement, collaboration, and case planning. Texas has assessed the state’s performance on Item 23: Termination of Parental Rights in CFSR Round 4 to be a **strength**. Texas has assessed the state’s performance on the Case Review systemic factor to be in **substantial conformity**.

Item 24: Notice of Hearings and Reviews to Caregivers

In CFSR Round 3, Item 24: Notice of Hearings and Reviews to Caregivers was found to be an area needing improvement. During the Program Improvement Plan (PIP), the Children’s Commission, in partnership with the Office of Court Administration, developed a Notice and Engagement System for the child protection courts to improve notifications. Texas has assessed the state’s performance for Item 24: Notice of Hearings and Reviews to Caregivers in CFSR Round 4 to be a **strength**. Texas has assessed the state’s performance on the Case Review systemic factor to be in **substantial conformity**.

Analysis

DFPS ensures notices regarding court hearings are given to parents, the caregivers, and children. Workers encourage these key participants to attend. Children must be present at court hearings unless excused by the judge. The court consults with the child in a developmentally appropriate manner regarding the child’s permanency plan, if the child is four years old or older and if the court determines it is in the best interest of the child. Some courts schedule time to meet with children outside the court hearing to accommodate school and other scheduling needs, as well as meet with the child in a less formal court setting. After consulting with their attorney, some children submit letters to the court.

DFPS continues to focus on ensuring proper notifications are sent in a timely manner. The following persons are entitled to at least 10 days' notice of a hearing, per the Texas Family Code Section 263.002, and are entitled to present evidence and be heard at the hearing:

- DFPS;
- the foster parent, pre-adoptive parent, relative of the child providing care, or director or director's designee of the group home or general residential operation where the child is residing;
- each parent of the child;
- the managing conservator or guardian of the child;
- an attorney ad litem appointed for the child under Chapter 107, if the appointment was not dismissed in the final order;
- a guardian ad litem appointed for the child under Chapter 107, if the appointment was not dismissed in the final order;
- a volunteer advocate appointed for the child under Chapter 107, if the appointment was not dismissed in the final order;
- the child, if:
 - the child is 10 years of age or older; or
 - the court determines it is appropriate for the child to receive notice; and
- any other person or agency named by the court to have an interest in the child's welfare.

Notice may be given:

- as provided by [Rule 21a, Texas Rules of Civil Procedure](#) (service in person, by mail or commercial delivery service, fax, or electronic service);
- in a temporary order following a full adversary hearing;
- in an order following a hearing under this chapter;
- in open court; or

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- in any manner that would provide actual notice to a person entitled to notice.

The licensed administrator of the child-placing agency responsible for placing the child or the licensed administrator's designee is entitled to at least 10 days' notice of a permanency hearing after final order.

Because the person responsible for providing notice varies across jurisdictions, it is the caseworker's responsibility to either:

- send the notice; or
- consult with the attorney representing DFPS, if the caseworker is not certain who is responsible for providing notice.

It is common practice in Texas courts for judges to pre-set the next hearing date verbally in the court room before the conclusion of each child welfare hearing. The dates of the next hearing are then incorporated into the actual text of the court order, of which all parties receive a copy. Courts utilize "e-filing" (electronic filing) to generate email notifications when court orders are available.

The Office of Court Administration (OCA) provides a Notice and Engagement tool for 31 statutory child protection courts. The tool involves using non-confidential case data to provide email or text notice to users about upcoming hearings. OCA markets the Notice and Engagement tool and periodically re-issues announcements, surveys users on the usefulness and effectiveness of the system, and monitors the system login and search information. The number of Notice and Engagement system users continues to increase. One hundred and twenty-seven new users signed up in FY 2023 (from October 1, 2022 to September 15, 2023) through the Notification and Engagement system to receive hearing notifications, bringing the total number of users to 2,203. Hearing notifications were sent for 7,441 hearings with a total of 20,845 notifications sent in FY 2023. OCA created an Application Programming Interface to allow courts other than those using the Child Protection Case Management System (CPCMS) to upload their hearing data into the system. Currently, all child protection courts are enrolled in this system. The goal is to expand the hearing notification tool beyond the child protection courts to all courts hearing child welfare cases to provide parties with up-to-date hearing information and courts with an alternate means of no-cost notification. OCA is working to identify jurisdictions interested in adopting the interface.

DFPS works closely with the Children's Commission and OCA in making improvements to the child welfare court system. The Children's Commission funded the collaborative video conferencing project to allow youth to remotely participate in court proceedings. In March 2020, the OCA provided licenses for the Zoom video conferencing tool to all Texas courts. The necessity of virtual hearings and universal court access to video conferencing technology allowed more parents and youth to attend hearings virtually and for courts to engage families and determine how to make best use of the virtual environment. For the past three years, Zoom has been used for video conferencing hearings, and the child protection courts have provided feedback to support Zoom as the preferred video conferencing application. The Children's Commission also funded upgraded technology to support hybrid hearings in six pilot courts to identify what equipment may be needed for other courts to maintain the benefits of virtual participation even though the pandemic has concluded.

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During the October 2023 Judicial Conference, the judicial attendees discussed the importance of children attending court hearings. DFPS plans to continue working in partnership with stakeholders such as the Children's Commission and CASA to increase the number of children who attend their court hearings, which will include efforts to expand the use of technology in this area. DFPS will also continue to participate in the annual judicial conferences to communicate and share ideas with judges who hear CPS cases.

Evidence Reviewed:

- Annual Progress and Services Report
- DFPS Data Book
- DFPS Administrative Data Warehouse

Summary of Performance

In CFSR Round 3, Item 24: Notice of Hearings and Reviews to Caregivers was found to be an area needing improvement. During the Program Improvement Plan (PIP), the Children's Commission, in partnership with the Office of Court Administration, developed a Notice and Engagement System for the child protection courts to improve notifications. Texas has assessed the state's performance for Item 24: Notice of Hearings and Reviews to Caregivers in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Case Review systemic factor to be in **substantial conformity**.

C. Quality Assurance System

Item 25: Quality Assurance System

In CFSR Round 3, Texas was in substantial conformity for the quality assurance systemic factor. Since Round 3, Texas has continued those same quality assurance practices but has also enhanced and expanded those efforts. Texas has assessed the state’s performance for Item 25: Quality Assurance System in CFSR Round 4 to be a **strength**. Texas has assessed the state’s performance on the Quality Assurance systemic factor to be in **substantial conformity**.

Analysis

Continuous quality improvement is a foundation to programs within the Texas child welfare system. Dedicated staff are in place to support practice improvement. The state utilizes both qualitative and quantitative data to make informed decisions. Some of these divisions and systems are highlighted below.



Division of Federal and Program Improvement Review

Through its Federal and Program Improvement Review division, CPS has institutionalized a statewide quality assurance process that mirrors the case review process used in the federal CFSR process. The DFPS Quality Assurance/Continuous Quality Improvement system has the required foundational administrative structure through the CPS Federal and Program Improvement Review division. This division conducts the following on a quarterly basis: CFSR structured case reviews, screened intake reviews, open and closed Parental Child Safety Placement case reviews, and Family Based Safety Services (FBSS) case reviews. When a child’s safety can be reasonably assured in the home with services provided to help stabilize the family and reduce risk of future abuse or neglect, cases can be referred to FBSS to prevent or remove the need to remove the children. There are also ad hoc reviews, as requested. These case reviews are completed from a random statewide sample and include cases from legacy and single source continuum contractor (SSCC) areas. The term “legacy” refers to when DFPS caseworkers provide case management

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services for cases where youth are in the conservatorship of the state. The term “single source continuum contractor” or “SSCC” refers to those areas in Texas where a contractor is providing case management services for youth in the state’s conservatorship with DFPS oversight.

The CPS Federal and Program Improvement Review division consists of 26 quality assurance specialists, five quality assurance leaders, a program specialist, a team lead, and a division administrator, all of whom ultimately report to the CPS Director of Services. The division is comprised of two different teams, Child and Family Services Review (CFSR) team and an ad hoc case review team. The CFSR Quality Assurance team conducts quarterly case reviews using the federal Child and Family Services Review On-Site Review Instrument; screened intake reviews based on policy; and special reviews involving children in DFPS conservatorship, as requested by DFPS leadership. Reviews conducted by the ad hoc review team include a sample of newly opened Parental Child Safety Placements and recently closed cases in which a Parental Child Safety Placement remained in place.

The CFSR Quality Assurance team uses the most current federal review instrument in the case review process consistently for all Texas regions. The team received training on the federal Round 4 CFSR Onsite Review Instrument and began using the instrument in 2023. DFPS uses an internal database for the CFSR reading instrument in which to store ratings for each case, stratify the cases by region and by stage of service, and monitor rating changes over time. For Round 4, Texas will use the federal system, known as the Online Monitoring System, or OMS, to enter the cases for the CFSR. There are at least 100 cases reviewed per quarter, composed of 60 foster care cases and 40 FBSS/Alternative Response cases, for a total of 400 CFSR structured case reviews annually. The reviews mirror the federal process, including the use of interviews with key stakeholders involved in the cases. The staff review, analyze, and evaluate data pertaining to the seven outcomes for safety, permanency, and well-being for children in Texas.

The CPS Federal and Program Improvement Review division helps to evaluate CPS effectiveness in providing for the safety, permanency, and well-being of children and families receiving services. This team coordinates with other staff in specific program areas and staff assigned as subject matter experts for all stages of service. The division contributes to developing, adapting, and continually improving tools for the qualitative and quantitative evaluation of CPS programs. The team also serves as a training resource for CPS.

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Outcome/Item/Data Indicator	CFSR Standard	Q1-22	Q2-22	Q3-22	Q4-22	Q1-23	Q2-23	Q3-23	Q4-23
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	95%	84.5%	80.0%	70.0%	69.1%	72.3%	83.9%	68.4%	72.4%
Safety 1: Children are, first and foremost, protected from abuse and neglect.	95%	84.5%	80.0%	70.0%	69.1%	72.3%	83.9%	68.4%	72.4%
Item 2: Services to Family to Protect Child(ren) in Home and Prevent Removal or Re-Entry Into Foster Care	90%	79.7%	73.1%	75.5%	60.0%	69.6%	77.8%	68.0%	68.6%
Item 3: Risk and Safety Assessment and Management	90%	83.0%	69.0%	71.0%	68.0%	74.0%	78.0%	73.0%	69.0%
Safety 2: Children are safely maintained in their homes whenever possible and appropriate.	95%	76.0%	65.0%	68.0%	59.0%	70.0%	75.0%	69.0%	67.0%
Item 4: Stability of Foster Care Placement	90%	80.0%	81.7%	81.7%	86.7%	81.7%	95.0%	88.3%	80.0%
Item 5: Permanency Goal for Child	90%	76.7%	76.7%	73.3%	61.7%	68.3%	68.3%	70.0%	71.7%
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	90%	53.3%	53.3%	56.7%	53.3%	50.0%	53.3%	65.0%	45.0%
Permanency 1: Children have permanency and stability in their living situations.	95%	43.3%	36.7%	38.3%	38.3%	26.7%	38.3%	45.0%	31.7%
Item 7: Placement with Siblings	90%	89.7%	83.9%	96.4%	92.9%	92.0%	86.7%	92.0%	96.2%
Item 8: Visiting with Parents and Siblings in Foster Care	90%	62.8%	70.5%	79.1%	55.3%	57.8%	57.5%	81.4%	78.4%
Item 9: Preserving Connections	90%	83.3%	83.3%	83.3%	83.3%	85.0%	75.0%	85.0%	80.0%
Item 10: Relative Placement	90%	90.0%	86.7%	90.0%	95.0%	96.6%	91.4%	91.5%	89.8%
Item 11: Relationship of Child in Care with Parents	90%	60.0%	61.0%	71.8%	43.8%	58.1%	58.3%	72.2%	56.3%
Permanency 2: The continuity of family relationships and connections is preserved for children.	95%	78.3%	74.6%	81.7%	70.0%	71.7%	70.0%	85.0%	83.3%
Item 12A: Needs Assessment and Services to Children	90%	86.0%	88.0%	81.0%	83.0%	78.0%	85.0%	83.0%	88.0%
Item 12B: Needs Assessment and Services to Parents	90%	51.1%	54.9%	43.2%	48.8%	41.6%	59.3%	52.3%	48.8%
Item 12C: Needs Assessment and Services to Foster Parent	90%	96.4%	91.2%	92.7%	96.6%	96.4%	100.0%	98.2%	94.4%
Item 12: Needs and services of Child, Parents, Foster Parents	90%	54.0%	55.0%	47.0%	53.0%	46.0%	62.0%	57.0%	57.0%
Item 13: Child and Family Involvement in Case Planning	90%	60.0%	59.4%	51.0%	51.7%	46.3%	61.7%	61.1%	54.4%
Item 14: Worker Visits with Child	90%	83.0%	79.0%	79.0%	84.0%	82.0%	83.0%	81.0%	84.0%
Item 15: Worker Visits with Parents	90%	44.8%	43.3%	33.3%	39.7%	36.4%	45.9%	45.3%	36.6%
Well-Being 1: Families have enhanced capacity to provide for their children's needs.	95%	52.0%	53.0%	44.0%	52.0%	44.0%	59.0%	55.0%	54.0%
Item 16: Educational Needs of the Child	95%	97.4%	92.9%	92.7%	93.1%	88.1%	94.4%	96.3%	91.9%
Well-Being 2: Children receive appropriate services to meet their educational needs.	95%	97.4%	92.9%	92.7%	96.4%	88.1%	97.1%	96.3%	91.9%
Item 17: Physical Health of the Child	90%	86.1%	77.8%	76.7%	81.4%	72.9%	87.7%	86.4%	87.5%
Item 18: Mental/Behavioral Health of the Child	90%	79.7%	75.9%	75.4%	78.9%	76.6%	86.2%	86.3%	79.7%
Well-Being 3: Children receive adequate services to meet their physical and mental health needs.	95%	76.1%	74.4%	68.1%	76.0%	65.6%	82.2%	81.9%	79.8%

Regional and statewide reports containing trend and data information from the CFSR case reviews are compiled quarterly and shared with staff through email, by posting the reports for all staff on the CPS Federal and Program Improvement Review division intranet page, and through presentations to regional staff by the quality assurance leaders. All CFSR cases reviewed are also presented individually to regional staff responsible for the case through case debriefings. The team shares quarterly results with CPS leadership and recommends practice improvement initiatives. The case review results and trend analyses are shared quarterly in regional leadership meetings and used when regional leadership are completing their annual business plans. These plans identify regional goals and plans for improvement. Statewide structured case readings, outcome-related data analysis, reports of findings, case debriefings, and periodic focused training activities continue to be key quality improvement activities.

The division can supplement the CFSR instrument with additional program-specific case review questions and enter results into the internal database. This is a way for CPS program to further investigate an area with data for continuous quality improvement. Examples of targeted reviews during this fiscal year include:

- recent photograph of the child in conservatorship is contained in the case record;
- visitation plans was developed within 30 days of a child’s entry into foster care;
- CANS Assessment was completed;
- information for children who exhibit Sexually Aggressive Behaviors was included in common applications;
- whether Texas Health Steps checkup documentation was contained within the child’s Health Passport;
- and youth in care COVID-19 vaccination records and any barriers to receiving the vaccine were contained in record.

The results and data are pulled separately from the CFSR data and information, although each type of review produces case specific reports, uses aggregate data, and involves randomly selected cases. Trend reports are sent to staff involved for each case, as well as regional and statewide

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management. These reports share specific needs and strengths of each case and identify system-wide positive trends and areas to improve upon.

The CPS Federal and Program Improvement Review division incorporates continuous quality improvement into the quarterly case review process. As a result of receiving data, trends, and information from the case reviews in the form of reports, presentations, and production of improvement tips, here are examples of how various regions have taken the information and made positive changes to practice to improve outcomes for children and families:

- Including CFSR performance data in the regional business plans;
- Using CFSR item-specific data to help regional managers develop strategic efforts to improve children's movement towards permanency;
- Using CFSR data to guide staff on importance of increasing in-person visits with parents whose parental rights are intact and the child is DFPS permanent managing conservatorship;
- Using CFSR data to guide staff on importance of requesting courtesy contacts for incarcerated parents located in other regions;
- Conducting ongoing discussions with staff through case-specific debriefings on strategies for case work actions that will lead to improved outcomes;
- Using special ad hoc case reviews to gain qualitative information to focus on a particular practice area of concern;
- Developing strategic regional plans to address permanency delays;
- Emphasizing re-evaluation of permanency goals by the time the child has been in care for five months and concurrent planning from the beginning of the case;

DFPS developed written policy and manuals as training for new Quality Assurance/Continuous Quality Improvement staff, as well as to help provide sustainability to the continuous quality improvement process. Many DFPS staff completed the Continuous Quality Improvement Academy sponsored by the federal Children's Bureau prior to this reporting period. DFPS has quality data collection through IMPACT which allows staff to input, collect, and extract data, as well as the staff capacity, including staff with the skill set and knowledge base, to collect and report the quantitative data needed for federal reports.

The CPS Federal and Program Improvement Review division completes the following case reviews annually:

- 400 cases annually using the CFSR OSRI
- 304 cases have been reviewed on open parental child safety placements
- 36 cases have been reviewed where the case closed with a parental child safety placement in place
- 133 caregivers have been contacted after case closed with a parental child safety placement
- 1,859 cases have been reviewed on closed alternative response cases
- 639 cases were reviewed for eligibility assistance

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- 1,932 screened intakes were reviewed; and
- 349 Family Based Safety Services cases have been reviewed

Division of Permanency Quality Assurance Team

In November 2019, DFPS created an additional quality assurance team that reports to the Director of Permanency. The team was expanded in March 2023. This team completes case reviews and provides technical assistance to field staff in order to ensure increased compliance on identified items. This team completes the following case reviews:

- Sexual Behavior Problem
- Sexual Victimization
- Child Sexual Aggression
- Home History Reviews and Staffing's
- Ensuring youth obtained the Bill of Rights within the last six months

Quality Assurance specialists ensure that the following information is updated:

- Sexual Incident History page
- Trafficking page
- Sexual Behavioral Problem indicator

During these reads the specialists also review to ensure the child's caregiver received:

- Child Sexual History Report (Attachment A)
- Placement Summary Form 2279 (or SSCC equivalent)

This team provides training to field staff on what information needs to be documented as it relates to sexual victimization, sexual aggression behaviors, and home history reviews. They discuss the importance of ensuring that caregivers receive the Child Sexual History Report and that each child's case file is accurate and up to date.

This team completed the following reviews from September 2022-July 2023:

- 14,324 Placement moves for youth in Permanent Managing Conservatorship
- 505 Placement moves for youth in Temporary Managing Conservatorship
- In July 2023, a case review was completed to ensure that youth in Permanent Managing Conservatorship (PMC) received a copy of their Bill of Rights. 8,151 (43.97%) youth of the 19, 245 youth in care were reviewed.

Regional System Improvement Division

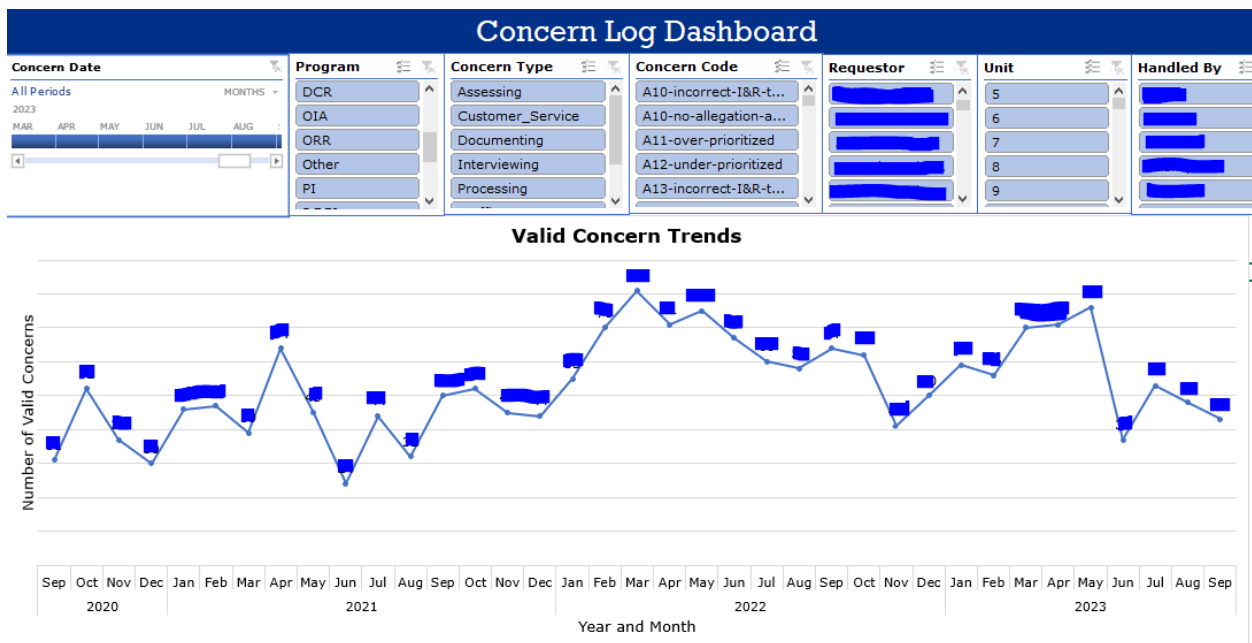
DFPS implemented the Regional Systems Improvement team as a part of the Office of Data and Systems Improvement which reports to the data and systems improvement director and consists of one division administrator and 11 regional systems improvement specialists who work directly with regional management to embed continuous quality improvement within regional operations. Each regional director is assigned a regional systems improvement specialist, to help regional leadership take the "what" of the data universe, translate it into a useable format, determine "why"

issues are occurring, and develop action plans that address "how" to improve. Action planning is happening continuously throughout the year. The Regional Systems Improvement division has four strategic goals:

1. Use knowledge of systems improvement and regional data to help local leaders strategically improve the functioning of their systems;
2. Embed continuous quality improvement into management operations and help leaders sustain changes made;
3. Work with regional management to prevent problems from becoming crises and crises from recurring; and
4. Work side-by-side with regional management during crises to ensure mechanisms to address immediate concerns do not create crises for other areas.

Statewide Intake Quality Assurance Unit

The DFPS abuse/neglect reporting hotline, known as Statewide Intake, has a quality assurance unit that looks at the quality of abuse/neglect reports to analyze trends to determine if a policy or practice change is needed. Statewide Intake uses a system called Verint, that provides information related to the intake specialists essential job functions to provide feedback on their performance. This dashboard allows leadership to quickly identify areas of concern and plan activities, create resources, provide training, etc. to address any concerns.



In addition to Verint, Statewide Intake uses the following tools to continually evaluate performance:

- Customer Feedback Survey
- Interrater Reliability activities through calibration exercises
- Consistency Sessions

- Policy Sessions
- Data Dashboards

System Level Administrative Data Collection

DFPS has a variety of methods to collect data including a DFPS Data and Decision Support division that serves all DFPS programs. Its Management and Reporting Statistics team is responsible for the non-budget related reporting and statistical requirements of the agency. The team produces reports, analyses, and data sets for DFPS staff and external requestors and produces statistical data for publication in support of the DFPS mission, management, oversight, and performance measurement. The Management and Reporting Statistics team quality assures any data published by DFPS and is designated as the official source of all DFPS statistical reporting. The Management Reporting and Statistics team compiles data from DFPS' five main Oracle databases (i.e., IMPACT, CLASS, DPEI, Reporting and FPS) to produce statistical reports. These reports make the data more accessible to users and help the program areas and other departments with decision-making and research. Additionally, IMPACT provides required data to the federal government. The DFPS Data and Decision Support division tests the efficacy of the data captured in IMPACT for various data warehouse reports and federal data submission. DFPS, IT runs the AFCARS extraction file monthly through the AFCARS validation tool. Items evaluated as being a concern due to data quality or data entry are addressed on an ongoing basis. ACF has confirmed with DFPS that the AFCARS and National Child Abuse and Neglect Data System data are reliable.

DFPS uses both an executive dashboard report and a CPS placemat report to consistently and quantitatively measure progress regarding safety, permanency, and well-being. The executive dashboard is available at the state and regional level; the data placemat is available state, region, and unit level. Both monthly reports are accessible to all DFPS staff. The executive dashboard contains key measures for each DFPS division and contains workforce data. The placemat assists in consistent review of key performance measures for each stage of service to target strategies for improvement and assess progress over time.

DFPS continues to build capacity in the areas of analysis and dissemination of data, including with external stakeholders, as well as train staff and external stakeholders on the use of data and identify opportunities for stakeholders to be involved in data analysis. Since 2016, DFPS has produced the interactive Data Book, as described above and as available at: http://www.dfps.state.tx.us/About_DFPS/Data_Book/default.asp.

Data in the interactive Data Book is updated regularly and allows the general public to search and configure charts and graphs across many years of data. Complete data sets are available on the Texas Open Data Portal and updated regularly. As DFPS protects the privacy of both victims and perpetrators, there is no personal information contained in the statistics online, and all data has been summarized to the state, region, and county levels. Data is without regard for Legacy or Single Source Continuum Contractor area. Information is withheld for privacy when it regards people (i.e., victims and perpetrators), but not with regard to processes such as investigations. In some circumstances, the data must be limited to ensure everyone's privacy is protected. Care is taken with sparsely populated counties where the number of people involved is small.

The centralization of data collection and management of the data warehouse contributes to the accuracy and ability to produce a data book, dashboards, and ad hoc reports upon request. DFPS

has a significant number of data reports and legislative performance measures used historically to analyze performance related to safety, permanency, and well-being.

Stakeholder Input

DFPS regularly collaborates with and provides feedback to a variety of internal and external stakeholders. The communication among these stakeholders is considered when reviewing current programs and making needed adjustments. External stakeholders with whom DFPS collaborates, as described in the collaboration section of this document, are used to exchange feedback, remove barriers, and adjust programs to strengthen the Texas child welfare system.

Evidence Reviewed:

- Annual Progress and Services Report
- Ongoing CFSR case review infrastructure
- Onsite Review Instrument
- Ad hoc case review tools
- Internal DFSP CFSR Case Review Database
- DFPS Data Book
- Data warehouse

Summary of Performance

In CFSR Round 3, Texas was in substantial conformity for the quality assurance systemic factor. Since Round 3, Texas has continued those same quality assurance practices but has also enhanced and expanded those efforts. The state continues to have a robust quality assurance system that includes multiple quality assurance teams that complete case reviews on several identified areas of need, data dashboards, and an evaluations and analytics team that aids in identifying and interpreting trends and patterns. These quality assurance efforts include various stakeholder groups and individuals that provide important insight into the Texas child welfare system. Texas has assessed the state's performance for Item 25: Quality Assurance System in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Quality Assurance systemic factor to be in **substantial conformity**.

D. Staff and Provider Training

Item 26: Initial Staff Training

In CFSR Round 3, Item 26: Initial Staff Training was found to be an area needing improvement. Since Round 3 CFSR, Texas has overhauled and implemented a new training model based on input from various stakeholders and the findings of evaluations. The model ensures that staff are getting classroom training along with on-the-job training with their mentor and includes an individualized training plan. Texas has assessed performance on Item 26: Initial Staff Training in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Staff and Provider Training systemic factor to be in **substantial conformity**.

Analysis

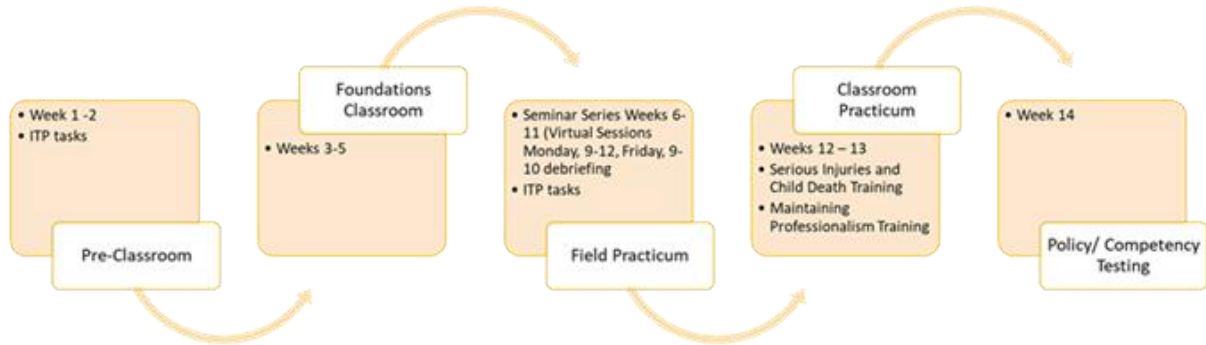
DFPS has its own training division called the Center for Learning and Organizational Excellence (CLOE) which works with DFPS programs and divisions to provide training and professional development for the more than 12,000 DFPS staff. In addition to DFPS staff, CLOE provides initial training to the staff of the Community-Based Care providers. The CLOE mission is to equip those who "protect the unprotected", and it ensures workers are prepared to competently perform their assigned tasks.

New training for investigation caseworkers is called CPI Training Academy and new training for ongoing caseworkers is called CPS Professional Development (CPD). Training begins on the new caseworker's (called a protégé) first day and extends over the first nine months of their career. All caseworkers receive the same core training regardless of specialty or region. The model then increases time spent in the caseworker's respective specialty areas. The model includes using mentors, revised classroom training and increased time spent on field-based specialty training (specific to investigations, FBSS, and conservatorship stages of service).

The CPI training is 14 weeks in length. Rolled out in 2021, this model added testing requirements and updated scenarios. The model was further refined and began to be used December 11, 2023. It requires more IMPACT training, demonstration of competencies, and hands-on experience. The model utilizes an individualized training plan and competency evaluation. This figure shows the integration of the CPI model classroom and field experience over a protégé's first 14 weeks of training. The training model requires proteges to complete 563.5 hours of coursework. Courses contain the following (this list is not all inclusive):

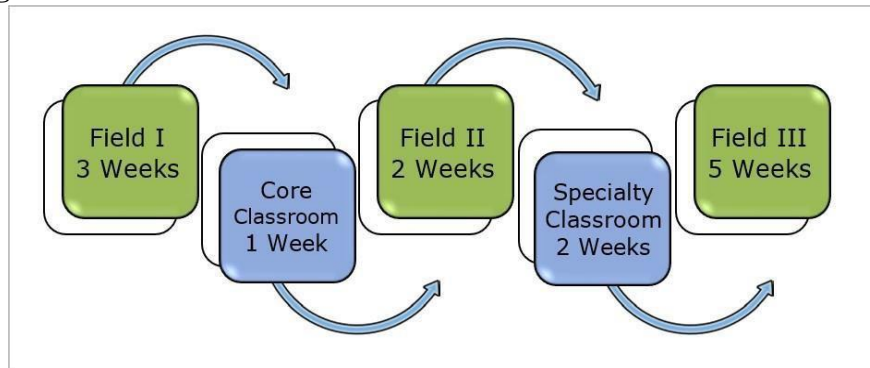
- Practice Model
- Culturally Responsive Practice
- Assessing Child Safety
- Child Interview Assessment and Evaluations
- Drug Endangered Children
- Assessing for Domestic Violence
- Types of Placements

CPI Training Model



Also rolled out in 2021, the CPS training model is 13 weeks in length and provides more hands-on training and specified training to the stage of service, as well as updated scenarios. This model also provides more IMPACT training. This figure shows the integration of the CPS model classroom and field experience over a protégé’s first 13 weeks of training.

CPS Training Model



The CPS training model is used statewide and was evaluated by the Lyndon B. Johnson School of Public Affairs at the University of Texas. Satisfaction surveys confirmed the evaluation findings. The evaluation concluded:

- CPS professional development-trained caseworkers are 18 percent less likely to leave within their first year than caseworkers trained under the old model. This results in 340 fewer caseworkers leaving DFPS, and an estimated annual cost savings of about \$18 million.
- CPS professional development-trained investigators are more likely than their basic skills development counterparts to meet critical casework deadlines.

In addition to field and classroom training, both DFPS models have a statewide mentoring program to ensure protégés receive technical and personal support throughout their training. Staff report

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that the mentor model provides them with a better understanding of knowledge and skills. Key features of the program include:

- A one-to-one pairing of mentor and protégé, beginning as early as the protégé's first day;
- A shared caseload, where the protégé works real cases and gradually assumes more responsibility;
- A realistic job preview, where the protégé adopts the same on-call schedule as the mentor; and
- Mentor compensation with a monthly stipend.

CLOE supports Community Based Care and is involved with each catchment area roll out. Phase I support consists of providing a one day in person training for Investigations, and Family Based Safety Services (FBSS) staff as well as a two day in person training to all Conservatorship and Single Source Continuum Contractor (SSCC) staff in the catchment area.

During readiness for Phase II, CLOE provides an additional one-day training to CPI and FBSS staff to educate on new protocols. After implementation, this training becomes a part of the CPS Professional Development (CPD) model for all staff located in a catchment area with an SSCC and is offered monthly. CLOE gives Train-the-Trainer sessions to SSCC staff and shares all curriculum, supportive materials, calendars, tracking tools, and videos used in training. The training materials shared are updated as policies change, or legislative mandates are implemented.

CLOE supports the SSCCs for readiness with an overview of the CPD training model and offers computer-based training information and technical support for online training requirements. Training compliance tracking systems are shared and taught to the SSCC staff. Support is given to SSCC staff for online Basic Skills Lab system use. CLOE provides training records to the SSCCs.

All DFPS new hires and transfers have training requirements that must be completed before case assignability. CLOE tracks all training progress for timeliness, and on-time completions and delays are tracked in the learning station. Training is tracked through official transcripts on the CAPPS system. This data is tracked monthly with each cohort. Successful completion consists of passed tests, full attendance, demonstration of field tasks and completion of a competency evaluation.

On average DFPS proteges completed training and were made case assignable on time at a rate of 95% in FY22.

Stage of service	Timely Case Assignability (defined as 2 weeks from end of training) FY22
CVS/ADO/KIN	92%
FBSS	98%
CPI	96%

Data collected through evaluations and assessments show that proteges learned from their training. For Fiscal Year 2022, 1,233 CPI staff and 1,075 CPS staff completed evaluations that were then analyzed. The evaluation completed by proteges shows that over 96% agreed with each statement about their classroom learning. Based on the proteges experience reported, it shows favorable data that proteges feel the concepts were communicated clearly during their training, content increased their knowledge, and they anticipate using what they learned in class on the job.

In CPI, 97% of all proteges got to the needed 100% on all assessments by the second attempt.

Evidence Reviewed:

- Annual Progress and Services Report
- Employee Surveys
- Lyndon B. Johnson School of Public Affairs at the University of Texas Evaluation

Summary of Performance

In Round 3 CFSR, this item was found to be an area needing improvement. In 2021, enhanced curriculum was implemented for both CPI and CPS training models after testing and evaluating the model. Measures of evaluation included knowledge assessment scores, evaluation data, tracking of completion, and staff surveys. Since that time, Texas overhauled the staff training curriculum and model with the input from stakeholders that included internal (staff) and external (legislature, etc.) partners. CPS/CPI conducted statewide focus groups on the CPD Training Model and used a Statewide Training Council to focus on areas needing improvement. This feedback was incorporated into the new training models. Additionally, the agency worked with the University of Texas to have an evaluation completed that assisted in making informed changes. The agency has recognized the importance and need of enhanced leadership training and has filled that gap with beneficial leadership trainings that build on key concepts that focus on strengthening their skills. CPI training has recently been enhanced. The current model was implemented in December 2023 and is referred to as the CPI Training Academy Model. Texas has assessed performance on Item 26: Initial Staff Training in CFSR Round 4 to be a **strength**. Texas has assessed the state’s performance on the Staff and Provider Training systemic factor to be in **substantial conformity**.

Item 27: Ongoing Staff Training

In CFSR Round 3, Item 27: Ongoing Staff Training was found to be an area needing improvement. Since Round 3, Texas has put mandatory ongoing training programs in place and overhauled leadership training. Texas offers ongoing training to staff that allows them to obtain advanced certifications as a caseworker or supervisor. The agency makes these ongoing trainings available to external stakeholders and invites those entities to attend provided training. Texas has assessed the state’s performance on Item 27: Ongoing Staff Training in CFSR Round 4 to be a **strength**. Texas has assessed the state’s performance on the Staff and Provider Training systemic factor to be in **substantial conformity**.

Analysis

Meeting In A Box

CPS/CPI programs have established a process to educate and notify agency staff of all policy and procedural changes. This process provides valuable information and policy changes designed to improve the work environment for caseworkers and supervisors. Leadership must use the materials to discuss policy and procedural changes with staff and ensure they understand all materials. Meeting In A Box material is disseminated by email to all staff at all levels, as well as, available on the agency intranet page that is accessible to all agency staff. After reviewing the materials, all staff must certify that they have reviewed and understand the material. By combining policy and procedural changes into a monthly mechanism for storage and archiving the information for accessibility, changes previously sent out in multiple emails are not overlooked or lost.

Certification

There are three levels of specialist certification: specialist, advanced specialist, and senior advanced specialist. All levels and supervisors must meet specific program tenure, training, and performance requirements to be eligible for certification. Specifically, CPI and CPS employees must meet the following tenure to certify to the next level:

Specialists:

CERTIFICATION LEVEL	TENURE REQUIREMENT
Specialist II	*9 months as Specialist I
Advanced Specialist III	*9 months as a Specialist II
Senior Advanced Specialist IV	*24 months as a Specialist III

In addition to tenure requirements, CPS and CPI employees must complete the required courses for their respective certifications.

Required Continuing Education Hours for Certification

	Agency Required	Program Required	Cultural Diversity	General Elective	Management Elective
FBSS Specialist II	12.5	32	6	N/A	N/A
FBSS Specialist III	5.5	58	6	12	N/A
FBSS Specialist IV	5.5	27.5	6	12	N/A
CPS Specialist II	12.5	73.5	6	N/A	N/A
CPS Specialist III	5.5	31	6	12	N/A
CPS Specialist IV	5.5	27	6	12	N/A
CPI II	12.5	40	3	N/A	N/A
CPI III	5.5	28.5	6	6	N/A
CPI IV	5.5	41.5	6	12	N/A

Supervisors:

CERTIFICATION LEVEL	TENURE REQUIREMENT
Supervisor II	Two years' experience as a supervisor (16 months if MSW or human services related master's degree)

Required Continuing Education Hours for Certification

	Agency Required	Program Required	Cultural Diversity	General Elective	Management Elective
CPS Supervisor II	23.5	187	6	N/A	4
CPI Supervisor II	23.5	163			
Alternative Resposne Supervisor II	23.5	161	6	4	4

CLOE has both an online learning station and a registration section. The Learning Station is a site where employees can access online courses, including webinars, course evaluations, and course completion certificates. CLOE registrars maintain all internal training records for DFPS employees and external training upon request and per policy.

A measure for ongoing training is DFPS Certification: Climb the Ladder. For certification, caseworkers attend and complete continuing education courses. Upon successful completion, caseworkers receive a certificate for each class and complete the application for their next-level certification. There are minimum tenure guidelines to complete the various certification levels. Staff can complete continuing education courses as their schedule allows. All time sensitive and required courses are dispersed through the Meeting in a Box. Their supervisor is responsible for the following:

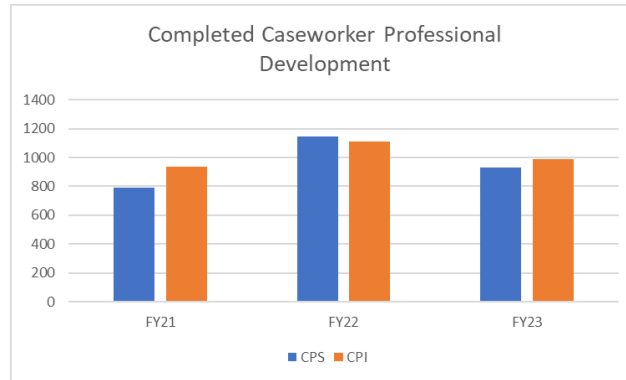
- Review applications for thorough completion;
- Assess staff's professional development and growth;
- Ensure that staff are not on any performance restrictions.

After reviewing to ensure staff have completed the application and met qualifications, the supervisor signs off on the application to approve certification completion. Additionally, supervisors must assess their staff's professional development and growth throughout the work history and training processes. Data for completion of CPS/CPI professional development and all ongoing training is stored in the CAPPS Systems on each caseworker's training transcript. In 2021,

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CPI added a transfer of learning activities. These activities show the demonstration of competencies required for certification.

Below is the number of employees that completed caseworker professional development training:



- In FY2021, CPS had 794 proteges complete training, 142 proteges who resigned or were dismissed, and zero proteges transition to an SSCC.
- In FY2021, CPI had 934 proteges completed training, 198 proteges who resigned or were dismissed, and zero proteges transition to an SSCC.
- In FY 2022, CPS had 1143 proteges complete training, 186 proteges who resigned or were dismissed, and 13 proteges transition to an SSCC.
- In FY2022, CPI had 1111 proteges completed training, 294 proteges who resigned or were dismissed, and zero proteges transition to an SSCC.
- In FY2023, CPS had 933 proteges completed training, 210 proteges who resigned or were dismissed, and zero proteges transition to an SSCC.
- In FY2023, CPI had 989 proteges completed training, 230 proteges who resigned or were dismissed, and zero proteges transition to an SSCC.

CPS/CPI Certification numbers for the past three fiscal years:



DFPS makes trainings available to external stakeholders, including CASA, faith-based community members, child-placing agency staff, members of the judiciary, and community leaders. DFPS has

an agreement in place with the three federally recognized Tribes in Texas that allows Tribal representatives to attend trainings across the state. The tribal focus group provided feedback that they enjoyed being able to attend DFPS trainings. Additionally, they discussed Preparation for Adult Living (PAL) staff have come to the reservation and provided training and resources to staff and youth. DFPS routinely invites external stakeholders to participate in trainings when opportunities become available. External stakeholders may request to attend any training listed in the CLOE catalog. DFPS also strives to seek input from external stakeholders when developing curriculum, such as The Inside Scoop on the Indian Child Welfare Act.

CLOE provides ongoing training and support to the Community Based Care providers. When providers develop training, CLOE provides technical assistance and aides in curriculum development and design. Training materials, resources, and Individual Training Plans are shared with providers.

All CPS/CPI training curriculums and web-based trainings are reviewed and approved by the relevant program. These trainings meet DFPS accessibility standards and are Americans with Disabilities Act compliant. Online training is reviewed for functionality and best practices; and tested against accessibility, usability, and network/server performance standards. When online training is deployed, CLOE can monitor training completion and update stakeholders with compliance rates. For newly developed classroom training, CLOE hosts Tabletop reviews of the training for stakeholders and/or DFPS State Office prior to deploying the training to ensure quality of curriculum, content, and delivery.

Courses include the following:

- Trauma Informed Care
- Psychotropic Medication Training
- Ethics: Permanency Values
- Safety & Well-Being of Children with PMN
- Utilizing Adult Mental Health Evaluations
- Advanced Interviewing Skills for Investigations

Training compliance coordinators monitor newly hired staff completion of assessments and tasks included in their professional development program. These participants and their supervisors are prompted to attend to incomplete assignments in near real time to ensure timely completion of requirements. Academy managers monitor and assess the delivery of training on a quarterly basis with each trainer. Results are shared with trainers and CLOE management. These results are used to coach and support training delivery and make improvements to ongoing trainings as needed. Training compliance coordinators monitor case assignability and ensure all training requirements in classroom, computer- based trainings, individualized training plans, and competency evaluations have been satisfied and reflected on the protégé's transcript.

The CLOE quality assurance specialist analyzes end-of-course evaluations and creates reports about overall course and instructor quality. Quality scores created from these reports are monitored for compliance within quality standards. Scores below quality standards trigger additional analysis designed to uncover the cause of the poor scores. The development manager and curriculum

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developers are enlisted in improving curriculum needing revision or updates. Academy managers are enlisted in improving instructor performance for those that need to improve.

Management Training

Agency success depends heavily on supervisor ability to become proficient in their new responsibilities, with an increased level of decision-making, requiring a field-based learning model for staff training, and emphasis on safety and risk assessment tools. Effective supervisors are also critical to improving staff retention. DFPS selected strengths-based supervision as the first initiative to strengthen the skills of supervisors. Through a combination of classroom sessions and group coaching led by management (i.e., program directors and administrators), the curriculum provides practical and emotional support and highlights the importance of clinical supervision essential to child welfare work. CLOE offers the strengths-based supervision course in all regions. Quality management and distinctive organizational performance ultimately results in improved services to and outcomes for vulnerable Texans served by DFPS. Along this continuum, staff at each stage engage in a series of courses to develop skills in each of the eight competencies identified as essential for all DFPS managers: collaboration; communication; cultural competence; decision making; professional development of others and self; integrity; managing change; and strategic thinking. In 2021, supervisor basic skills development was revamped and renamed Foundations of CPS/CPI Supervision. Changes to the improved courses included updating information on applications and tools, creating new data warehouse reports, making changes to IMPACT, and updating scenarios This course is required for new supervisors. There are a number of specific courses required for supervisor development.

As of October 2023, below are the CPS/CPI Supervisors that are eligible for certification:

Position Title	Certification Level Eligible	Total #
CPI Sup I	Supervisor	75
CPS Sup I	Supervisor	51

CPS/CPI Supervisors who have certified in the past three years:

	FY21	FY22	FY23
CPS	82	60	70
CPI	37	36	46

Leadership Training:

In 2021, CLOE’s Leadership for Advanced Management Team (LAM) partnered with internal CPS/CPI training divisions to facilitate required leadership workshops for newly hired program administrators and program directors. The two main courses are listed below:

- The Leadership Challenge
- The Five Fundamentals to Strengthening DFPS Leadership

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Both courses are designed to help leaders identify their leadership strengths and opportunities for improvement as well as create a healthy environment that promotes cohesive teamwork.

Since beginning this initiative, close to 300 leaders have gone through either one or both workshop initiatives.

The LAM Team also facilitates Change is the Only Constant for CPS/CPI leaders to help leaders prepare their staff for the transition to Community-Based Care.

CPS and CPI Supervisors must meet tenure requirements along with completion of required courses for certification.

Supervisors:

CERTIFICATION LEVEL	TENURE REQUIREMENT
Supervisor II	Two years' experience as a supervisor (16 months if MSW or human services related master's degree)

Required Continuing Education Hours for Certification

	Agency Required	Program Required	Cultural Diversity	General Elective	Management Elective
CPS Supervisor II	23.5	187	6	N/A	4
CPI Supervisor II	23.5	163			
Alternative Resposne Supervisor II	23.5	161	6	4	4

Courses consist of the following (this list is not all inclusive):

- Supervision for Retention
- Developing Workers Critical Thinking
- Strengths Based Supervision
- Developing Workers Competency
- Trauma Informed Care Refresher

Opportunity for Improvement

In meeting with the tribal partner focus group, it was identified that they would benefit from refresher trainings on topics such as completing a home visit and being able to review a home study template. Tribal partners have been invited to in-person trainings, but the request was for the ongoing training material and opportunities that occur virtually. The tribal partners identified a desire to have their practice closely align with the state and federal expectations to ensure their practice is consistent. The agency is exploring options to ensure the requested information, resources, forms, and trainings are on a shareable platform for tribal partners.

Evidence Reviewed:

- Annual Progress and Services Report
- CAPPS Training Data
- Tribal Focus Group

- DFPS Training Curriculum

Summary of Performance:

In Round 3 CFSR, this item was found to be an area needing improvement. Since that time, Texas has overhauled the staff training curriculum and model with the input from stakeholders that included internal and external partners. Quality Assurance measures have been put into place that allows training staff to monitor compliance and quality standards to use to enhance various curriculum on an ongoing basis. CPS/CPI conducted statewide focus groups on the CPD Training Model and used a Statewide Training Council to focus on areas needing improvement. This feedback was incorporated into the new training models. Texas has assessed the state's performance on Item 27: Ongoing Staff Training in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Staff and Provider Training systemic factor to be in **substantial conformity**.

Item 28: Foster and Adoptive Parent Training

In CFSR Round 3, the Foster and Adoptive Parent Training item was rated a strength. Since Round 3, Texas has continued to provide appropriate training as required through Parent Resources and Information Development Education. In addition, Texas has further enhanced provider training by implementing the federally recognized curriculum with the National Training and Development Curriculum in June 2023. Texas has assessed the state's performance for Item 28: Foster and

Adoptive Parent Training in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Staff and Provider Training systemic factor to be in **substantial conformity**.

Analysis

All caregivers, except those designated as kinship caregivers, must complete a minimum 35 hours of competency-based pre-service training before becoming verified to foster and/or approved to adopt. The Parent Resources for Information Development Education (PRIDE) curriculum is the prescribed training used for DFPS foster and adoptive home applicants. This curriculum is a competency-based training program that meets a majority of the pre-service training requirements specified in Minimum Standards. DFPS may exceed 35 hours of pre-service training based on the needs of the child placed, including training regarding treatment of children with complex medical needs, sexual victimization, sexual aggression, emotional disorders, intellectual and developmental disabilities, the treatment of victims of human trafficking, and any other situation DFPS determines would require additional training.

The PRIDE model of practice is built upon five core competency categories developed through comprehensive role analysis:

1. Protecting and nurturing children;
2. Meeting children's developmental needs and addressing their delays;
3. Supporting relationships between children and their families;
4. Providing trauma-informed care;
5. Connecting children to safe, nurturing relationships intended to last a lifetime (permanency); and
6. Working as a member of a professional team.

Since September 1, 2022, DFPS has held 28 PRIDE foster/adoptive parenting classes with 361 prospective foster/adoptive parents in attendance. In addition, DFPS holds training for Foster/Adoptive staff and other child-placing agency staff on the PRIDE training model. Since September 1, 2022, three PRIDE Train-the-Trainer classes were held with 23 participants.

DFPS is currently editing the National Training and Development Curriculum to replace PRIDE as the pre-service training. The National Training and Development Curriculum is a new curriculum based on research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. The National Training and Development Curriculum is funded through a five-year cooperative agreement with the United States Department of Health and Human Services, ACF, Children's Bureau, and Spaulding for Children. The National Training and Development Curriculum became available to all child-placing agencies in June 2022, and DFPS rolled out the DFPS-specific curriculum developed for Texas in June 2023.

Training of prospective foster parents is required by the United States Department of Health and Human Services, through the Minimum Standards and Guidelines for Child-Placing Agencies. These standards require all foster parents to receive an orientation and additional training in areas, such as the developmental stages of children, fostering self-esteem of children, constructive guidance and discipline of children, strategies and techniques for monitoring and working with

children, and normalcy. Other required pre-service training topics include trauma-informed care; different roles of caregivers; measures to prevent, identify, treat, and report suspected occurrences of child abuse (including sexual abuse), neglect, and exploitation; emergency procedures, such as emergencies related to weather, volatile persons, or severe injury or illness of a child or adult; and preventing the spread of communicable diseases.

Foster parents are also required to complete cardiopulmonary resuscitation and first aid training. Prospective foster and adoptive parents caring for children under 2 years of age must be trained in Shaken Baby Syndrome, Sudden Infant Death Syndrome, and early childhood brain development. Foster and adoptive parents caring for children taking psychotropic medications must be trained on the administration of psychotropic medications.

Child-placing agencies require each caregiver to complete a minimum of eight hours of trauma-informed care training before being the only caregiver responsible for a child. Training must include at least one of the DFPS-approved trauma-informed care trainings, a component on adverse child experiences, and training and resources related to prevention and management of Secondary Traumatic Stress (Compassion Fatigue).

Contracted Child Placing Agencies must ensure the completion of an annual refresher of trauma-informed care training by their foster parents. This training must be at least two-hours, and providers can use the approved DFPS online training or their own curriculum to build upon the training already received. Each foster family's ongoing training hours are monitored by the assigned foster/adoption home development caseworker or child-placing agency case manager. DFPS basic foster family homes are required to complete two hours of pre- service trauma-informed care training and two hours of an annual refresher training.

Evidence Reviewed:

- Annual Progress and Services Report
- Parent Resources for Information Development Education (PRIDE) curriculum
- National Training and Development Curriculum
- United States Department of Health and Human Services, through the Minimum Standards and Guidelines for Child-Placing Agencies

Summary of Performance

In CFSR Round 3, the Foster and Adoptive Parent Training item was found to be a strength. Since Round 3, Texas has continued to provide PRIDE training that meets federal licensing standards and has begun work to further enhance foster and adoptive parent training using the curriculum supported by ACF. Texas has assessed the state's performance for Item 28: Foster and Adoptive Parent Training in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Staff and Provider Training systemic factor to be in **substantial conformity**.

E. Service Array and Resource Development

Item 29: Array of Services

In CFSR Round 3, Item 29: Array of Services was found to be an area needing improvement. Texas successfully completed a Program Improvement Plan that strengthened services in the state; however, in the years since Round 3, the needs of youth and families in Texas has significantly changed. Children, youth and families served by the Texas child welfare system have been

significantly impacted by the lasting effects of the COVID-19 public health emergency on workforce and capacity, legislative changes that have altered the population of children and youth entering DFPS care, the high acuity needs of youth entering DFPS care, and others. There is the continued need for providers that can meet specific needs such as complex mental health needs and services, in languages other than English. Services must be available statewide, serving youth and families in their home communities. Services must be available outside of the traditional work week, school hours, and workday. Texas has assessed Item 29: Array of Services in CFSR Round 4 to be an **area needing improvement**. Texas has assessed the state's performance on the Service Array and Resource Development systemic factor to be **not in substantial conformity**.

Analysis

DFPS has a comprehensive service array that extends to all regions and counties across the State. The state has in place methods that assess the strengths and needs of all children and families to determine the services necessary to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency. The family-focused culture collaborates with families to build on their strengths in developing 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.

The DFPS Purchased Client Services division assists in purchasing direct services for CPS children and families served by DFPS. Purchased Client Services staff plan for services, assist with the procurement of services, manage and monitor contracts, and resolve contracting issues. Purchased Client Services includes the Regional Contracts, Residential Contracts, Prevention and Early Intervention Contracts, and Contract Performance divisions. DFPS has a strong collaborative relationship with residential providers who serve children in care and developed a formal workgroup called the Committee on Advancing Residential Practices that regularly meets to strategize how best to improve outcomes and discuss service needs.

Average Number of Children and Families Receiving Purchased Services per Month Fiscal Year 2022

Region	Adults	Children	Total Clients	Children		
				Living at Home	Living in Substitute Care	Post Adoption
01	909.1	498.3	1,407.4	164.7	338.1	8.9
02	702.2	379.3	1,081.5	150.3	237.1	5.8
03	3,316.3	1,672.6	4,988.8	512.2	1,121.8	86.2
04	1,125.1	419.8	1,544.9	185.3	240.9	5.5
05	626.4	280.8	907.3	76.8	208.1	3.5
06	2,366.3	1,421.0	3,787.3	513.7	947.8	35.7
07	2,413.8	1,283.0	3,696.8	516.6	797.3	13.8
08	2,442.9	1,134.7	3,577.6	432.0	734.7	14.1
09	534	213.8	747.8	58.1	156.7	5.1
10	338.3	244.3	582.6	129.2	122.7	1.7
11	1,548.3	536.3	2,084.7	165.5	391.3	1.0
Total	16,322.8	8,084.1	24,406.9	2,904.3	5,296.4	181.2
Total	22,871.3	9,283.9	32,155.2	3,827.9	5,647.1	130.6

Texas has a statewide healthcare delivery model for children in foster care. This program, known as STAR Health, was implemented in April 2008 and recently re-procured. Under the managed care model, HHSC contracts with managed care organizations, also known as health plans, to coordinate and reimburse providers for health services for Medicaid members enrolled in their health plan. Each child in DFPS conservatorship receives Medicaid services through Superior Health Plan, the managed care organization for the STAR Health program. The services include medical and behavioral health, dental, vision, and pharmacy benefits. Further information on service coordination can be found in the Well-Being section of this document (pages 37-44).

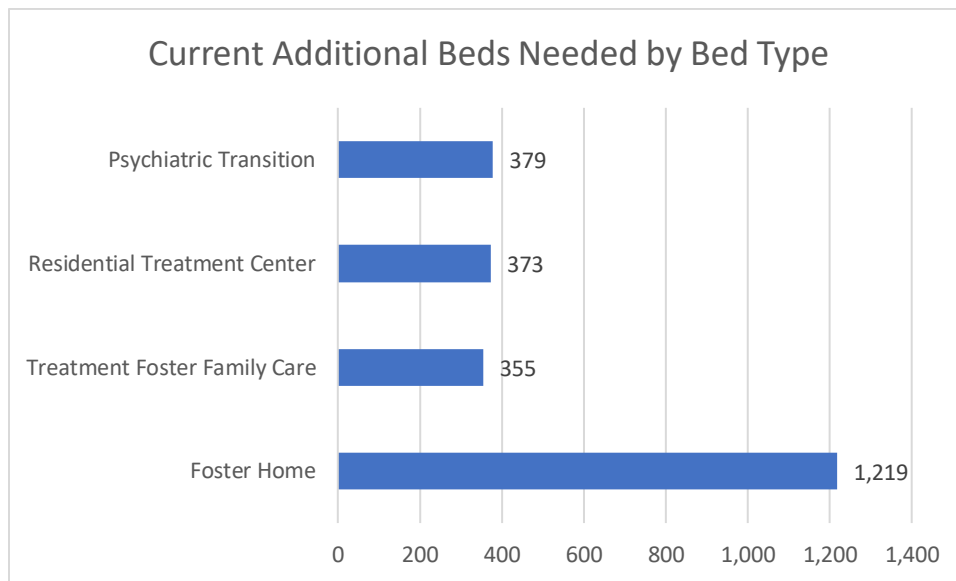
HHSC provides contract oversight to ensure STAR Health provides access to covered services on a timely basis for children in foster care and monitors performance on quality measures to improve the health outcomes and quality of life for children receiving benefits in the STAR Health program. In compliance with federal regulations, HHSC provides contracts with an external quality review organization to monitor quality of care provided by Medicaid managed care organizations. The reports from the external quality review organization are used to hold the STAR Health program accountable and develop continuous improvement in the quality of care for healthcare provided to children in foster care.

The CPS Medical Services division consists of a geographically dispersed team with nurse consultants and well-being specialists covering all regions. This team provides guidance and support to field staff, whether legacy or provided through an SSCC to ensure children in foster care have their medical needs met. These staff act as liaisons between caseworkers and STAR Health and routinely participate in staffings for discharge, transition, or challenging cases. Additional members of the Medical Services team assist field staff in managing authorizations and denials of healthcare services and troubleshooting complex medical and behavioral health cases. CPS also has a board-certified pediatrician serving as the DFPS medical director to provide support, guidance, and consultation for the Medical Services division, as well as other divisions and direct delivery staff.

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The DFPS Behavioral Health Services division provides staff training and technical assistance on behavioral health services, including the CANS assessment, information on trauma-informed care, mental health resources, and substance use disorder treatment available throughout the state. The division provides contact information for the local mental health authorities and Outreach, Screening, Assessment and Referral (OSAR) centers who offer a wide array of services and provide access to substance use services when needed. DFPS assists in service planning for youth with complex mental health needs and/or substance use disorders, individualizing the service plans based on the needs of the child or youth. CPS Medical and Behavioral Health services team members are certified in Mental Health First Aid training, and certification expansion is planned throughout the Child Protective Investigations (CPI) Best Practice team. These staff provide Mental Health First Aid training to direct delivery staff (Legacy or SSCC, when requested) as a skill building opportunity for staff working directly with children and youth.

The Texas child welfare system continues to be challenged with meeting the needs of children and youth in conservatorship with high acuity and complex needs due to their parents' inability to access sufficient services to meet their behavioral health needs. Services are limited for children who have complex behavioral health and medical health needs, particularly in the youth's home community. Clinical coordinators, specialized staff assigned to assist with youth who have complex needs and for whom placements and services are difficult to obtain, resulting in DFPS-supervised settings, are dedicated to serving the needs of these youth and building capacity. According to the Foster Care Needs Assessment ([Workbook: Foster Care Needs Assessment Story \(texas.gov\)](#)) the following types of beds are needed to meet the current capacity needs as of August 2023.



Source: [Workbook: Foster Care Needs Assessment Story \(texas.gov\)](#)

As described in the Well-Being section (pages 37-44), stakeholders and the new Office of Behavioral Health Strategy have identified gaps in the services continuum for youth with complex needs.

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The Behavioral Health Division of HHSC contracts with a network of 37 Local Mental Health Authorities and Local Behavioral Health Authorities (LMHA and LBHA) across the state. LMHAs and LBHAs provide crisis services and access to specialized mental health services, including evidence-based practices, promising practices, and other supportive services for children and youth who have a serious emotional disturbance. Using a Texas Resiliency and Recovery Model, they provide a continuum of services and most are STAR Health credentialed service providers. The diagram below provides the continuum of care used.

LOC	LOC-0 Crisis Services	LOC-1 Medication Management	LOC-2 Targeted Services	LOC-3 Complex Services	LOC-4 Intensive Family Services	LOC-YES Youth Empowerment Services	LOC-RTC Residential Treatment Center	LOC-YC Young Child Services	LOC-5 Transition Services	LOC-8 Waitlist	LOC-9 Ineligible	
CANS Scores	CANS Completion Not Required	Severity & Complexity of Symptoms Increased Natural Supports & Strengths					Medicaid Waiver	RTC Criteria	Full Range of Scores	Temporary Services	Full Range of Scores	Not Eligible for Services
LOC Indicator	Crisis	Low Emotional, Behavioral, Life Domain Needs	Emotional Needs OR Behavioral Needs	Emotional, Behavioral, and/or Life Domain Needs	Multi-System Involvement	Ages 3-18 Meets YES Wavier Eligibility	Ages 5-17 Meets RTC Eligibility AND Admitted to RTC	Ages 3-5 with Behavioral and/or Emotional Needs	Ages 3-17 Temporary Services for Transitioning Individuals	Wait List	Ineligible	
Profile of Youth	Youth currently in crisis situation without current LOC authorization Expected to be a brief intervention to resolve crisis and prevent additional crisis events Following stabilization of the crisis, youth will be reassessed & assigned new LOC	Stable youth whose only identified treatment need is for medication management, with an occasional need for routine case management	Youth with behavioral OR emotional needs, but NOT BOTH	Youth with complex behavioral AND emotional needs May have multiple life domain functioning and/or caregiver needs	Youth with severe risk behaviors, threatened community tenure, risk of juvenile justice involvement, expulsion from school, displacement from home, and/or serious injury to self/others or death, along with significant caregiver needs, and behavioral and/or emotional needs	Youth enrolled in YES Services Includes all Medicaid services which the youth is entitled	Youth referred to DSHS by Child Protective Services due to risk of parental relinquishment of custody Referred youth have severe risk behaviors, potential involvement of multiple child-serving systems, and significant caregiver needs	Child between 3 & 5 years of age or is developmentally within this age range and has emotional and/or behavioral needs	Assists youth & caregivers in maintaining stability, preventing additional crises, and engaging youth into appropriate LOCs or accessing appropriate community services Highly individualized and length of stay is based on individual need	Youth that has received a full Uniform Assessment, but is currently waiting for services Individuals with Medicaid may not be placed in LOC-8	Youth whose assessment scores or other service eligibility criteria do not qualify the youth to receive services other than Crisis Services (LOC-0) should a psychiatric crisis occur	
Core Services	Crisis Intervention Services	Medication Management	Routine Case Management Counseling Skills Training	Routine Case Management Counseling Skills Training	Intensive Case Management (Wraparound) Family Partner Counseling Skills Training	In addition to TRR services, youth has access to additional Medicaid services within YES Waiver	Family Case Management Family Partner	Routine Case Management Counseling Skills Training				

Source: Health and Human Services Behavioral Health Team

A System Navigator Pilot Program managed by HHSC supports children and families as they navigate the local mental health system to access services and treatment. Their priority populations include children and youth from four population groups:

- Children and youth with complex behavioral health needs;
- Children in DFPS conservatorship and lacking a placement;
- Children at risk of entering conservatorship lacking placement; or
- Children at risk of parental relinquishment.

There were six system navigators established, resulting in increased coordination with DFPS to enable youth to meet service needs. The six pilot programs cover El Paso, five counties in the Texas panhandle, Travis County, six counties in the Dallas area, and two programs covering large geographic areas in south Texas.

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Local Mental and Behavioral Health Authorities provide access to the HHSC RTC Project. This project helps to divert children and youth from entering foster care due to inability to access behavioral health services. During the 87th Texas Legislature, statute was amended to allow the LMHA or LBHA to refer a child directly to the RTC Project without first contacting DFPS, especially in circumstances where a family would otherwise be placing their child into conservatorship because of the seriousness of the youth's mental health needs. The legislation was designed to reduce trauma to families associated with becoming involved in an investigation of abuse or neglect as they attempt to address their child's needs.

The DFPS Prevention and Early Intervention (PEI) division assists communities in identifying, developing, and delivering high quality prevention and early intervention programs. These programs are designed to promote opportunities for partnerships with families that capitalize on the strengths of parents and children together to build healthy families and resilient communities. In fiscal year 2022, PEI served 60,077 unique children, youth, and families through evidence-based home visiting programs, parent education, counseling, and support services. Nearly all (97.4 percent) of children and youth remained safe while enrolled in PEI services, and their parents, who were at risk of child abuse and neglect, did not become confirmed perpetrators in a DFPS abuse or neglect investigation. PEI programs also provided mentoring, youth-employment programs, career preparation, and alternative recreational activities to prevent delinquency and improve overall youth outcomes. A total of 97.3 percent of youth between ages 10 and 16 years old, who were served by PEI-funded programs, did not enter the juvenile justice system in fiscal year 2022 (Services to At-Risk Youth & Community Youth Development).

In fiscal year 2021, PEI worked with many stakeholders across the state to develop a five-year strategic plan, as required by Texas statute. The plan includes seven objectives designed to support the creation of safe, stable, and nurturing environments for Texas children, youth, families, and communities. These objectives are intentionally broad to allow for continued partnership and collaboration to meet the needs of Texas communities over the next five years. PEI strategic plan is found at: [DFPS - Prevention and Early Intervention \(PEI\) - Strategic Plan \(texas.gov\)](#)

Service array is also addressed through the following initiatives and strategies outlined further within the annual report:

- Alternative Response;
- Strengthened Family-Based Safety Services;
- Transitional Living Services Program;
- Effective prevention services;
- Procurement of services by community-based entities;
- Provision of direct services and support to relative or kinship caregivers;
- Educational support services;
- Child abuse/neglect and juvenile delinquency prevention services to children, youth, and families via an array of programs that span the prevention continuum;
- Service delivery to families transitioning from conservatorship to family reunification;
- Service planning and delivery to meet the needs of the complete family;
- Services and supports to youth aging-out or have aged-out of foster care to help them to successfully achieve self-sufficiency and permanency;

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- Behavioral health services provided through a network of local mental and behavioral health authorities, provided by HHSC and the Texas Department of State Health Services.

Source: [DFPS - Annual Reports \(texas.gov\)](https://www.dfps.gov/annual-reports)

For fiscal year 2022, there were 3,263 DFPS Client Services Contracts, including:

- 41 DFPS State Office managed contracts;
- 1,118 CPS managed contracts;
- 1,966 residential child-care managed contracts with 426 distinct residential providers;
- 5 Community-Based Care (formerly known as Foster Care Redesign) SSCC contracts; and
- 133 Prevention and Early Intervention grants.

DFPS further assesses services to families through the quarterly CFSR case reviews: Well-Being Outcomes: (1) Families have enhanced capacity to provide for their children's needs; (2) Children receive appropriate services to meet their educational needs; and (3) Children receive adequate services to meet their physical and mental health needs. CFSR case reviews are described in the systemic factor above.

The following is statewide data from the last four quarters completed by the Texas CFSR case reviews for CFSR items related to service delivery. Further case review data can be found in the Well-Being section of this document.

Safety Item 1 and 2:	Q4-22	Q1-23	Q2-23	Q3-23
Item 2: Services to Family to Protect Child(ren) in Home and Prevent Removal or Re-Entry Into Foster Care	60.0%	69.6%	77.8%	68.0%
Well-Being 1:				
Item 12A: Needs Assessment and Services to Children	83.0%	78.0%	85.0%	83.0%
Item 12B: Needs Assessment and Services to Parents	48.8%	41.6%	59.3%	52.3%
Item 12C: Needs Assessment and Services to Foster Parent	96.6%	96.4%	100.0%	98.2%

CFSR case review data shows that Texas does well in providing services to children and caregivers, but typically needs improvement in services to parents, particularly absent parents.

Capacity Building Initiatives

Texas Child-Centered Care (T3C)

More fully described below, this project was initially known as Foster Care Rate Modernization. By defining the foster care service continuum, the methodology that goes into calculating the cost of foster care, and collectively establishing a new system, residential providers will be reimbursed based on individual service packages. The impact on the strengthening of the residential services array will be profound, as recognized by the 88th Texas Legislature fully funding the cost of the initiative.

A web page dedicated to the collaborative process, beginning with an external study in 2020, is available on the Agency’s public website: [DFPS - Foster Care Rate Modernization \(texas.gov\)](https://www.dfps.gov/foster-care-rate-modernization). The goal of Texas Child-Centered Care (T3C) is to improve outcomes for children, youth, and young adults through the establishment of a well-defined service continuum that meets the needs

of the foster care population and recognizes and compensates the caregiver for delivering high-quality services.

Qualified Residential Treatment Program Pilot

The DFPS CPS Placement Division has worked on several projects and initiatives designed to increase and improve placement options for children and youth in the child welfare continuum of care. One of these initiatives is a Qualified Residential Treatment Program (QRTP) Pilot for children and youth with complex mental and behavioral health needs in a residential treatment setting. On April 1, 2022, DFPS published an Open Enrollment opportunity for licensed General Residential Operations (GRO) to apply to become contracted QRTP providers. DFPS achieved readiness to serve the first youth in July 2022. As of May 2023, the agency has two contracted QRTP providers and has begun prescreening youth. The Agency continues to accept contracted providers in order to accept referrals for QRTP placement. As providers become available, the DFPS Placement Division will issue a statewide broadcast to DFPS staff that QRTP referrals may begin. Source: [Qualified Residential Treatment Program \(QRTP\) \(texas.gov\)](https://www.texas.gov/newsroom/2022/07/20/qualified-residential-treatment-program-pilot/)

Inpatient Psychiatric Stabilization Program

The Inpatient Psychiatric Stabilization Program (IPSP) serves youth without placement with behavioral health needs or who have a history of placement instability due to psychiatric hospitalizations. These youth need a stronger continuum of inpatient services to stabilize and enable them to step down into placements that accommodate their needs. IPSP is a time-limited 90-day program intended specifically for youth who require significant support with their mental health stabilization in order to transition into a less restrictive placement setting. Currently there are four programs throughout Texas that are piloting the program.

Strategic Behavioral Health Planning

To ensure a coordinated and outcome-based approach to meeting the behavioral health needs for youth in DFPS conservatorship, DFPS proposed and the 88th Texas Legislator appropriated funding for a dedicated team at DFPS solely focused on addressing the strategic, coordinated care of youth in conservatorship. The DFPS Chief Strategist for Behavioral Health and her inaugural team work closely with DFPS leadership and other child-serving institutions, stakeholders, and partners to strengthen service delivery for youth and families engaged with the DFPS system. Efforts began with a SWOT analysis of gaps within the Texas system, conducted with surveys and focus-groups for internal and external stakeholders. Results of the analysis can be reviewed in the Well-Being section of this assessment.

Evidence Reviewed:

- Annual Progress and Services Report
- Internal DFPS CFSR Case Review Database
- DFPS Data Book
- Data warehouse
- Foster Care Needs Assessment
- Stakeholder Engagement Opportunities

Summary of Performance

In CFSR Round 3, Texas assessed Item 29: Array of Services to be an area needing improvement. While Texas has a comprehensive array of services and made improvements to services during the Program Improvement Plan, there is a lack of sufficient providers to treat children with complex needs in certain areas of the state. Stakeholders have advised in some regions experiencing an inadequate number of providers that offer services in languages that meet the children and family's needs. Texas has assessed Item 29: Array of Services in CFSR Round 4 to be an **area needing improvement**. Texas has assessed the state's performance on the Service Array and Resource Development systemic factor to be **not in substantial conformity**.

Item 30: Individualizing Services

In CFSR Round 3, Item 30: Individualizing Services was found to be an area needing improvement. While Texas successfully completed a Program Improvement Plan and strengthened services, there is an identified gap around the ability to individualize the services needed to meet the children with complex behavioral health needs. Texas has assessed Item 30: Individualizing Services in CFSR Round 4 to be an **area needing improvement**. Texas has assessed the state's performance on the Service Array and Resource Development systemic factor to be **not in substantial conformity**.

Analysis

DFPS uses the Child and Adolescent Needs and Strengths Assessment (CANS) to help decision-making, drive service planning, facilitate quality improvement, and allow for outcomes monitoring. CANS is used to gather information about the strengths and needs of the child to plan for services that will help the child and family reach their goals. CANS is a comprehensive trauma-informed behavioral health assessment intended to promote communication within a child's care team, prevent duplicate assessments by multiple parties, decrease unnecessary psychological testing, aid in identifying placement and treatment needs, and inform case planning decisions. The CANS is required to occur within thirty (30) days of the child coming into foster care and then annually, if they remain in care. Further information about CANS can be found at [DFPS - CANS Assessment - A Guide to Medical Services at CPS \(texas.gov\)](#). Note, as part of T3C and described in the next item, a new version of the CANS for children and youth in foster care will be developed.

In addition, the agency uses the Child Plan of Service and the Family Plan of Service to identify the needs and services for the family. Further information on the child and family plans of service can be found in Item 20: Written Case Plan of this assessment.

During the October 2023 judicial conference, judges were asked to provide feedback on the top reasons for delayed permanency. Delay in services was the top reason provided. In further discussion, some judges shared difficulties in obtaining the needed services in the parent's language as a barrier. Judiciaries noted the growing need for services in languages other than English across the state.

Initiatives to Individualize Services

DFPS uses data captured on the Foster Care Needs Assessment to develop a capacity building plan. The regions collaborate with foster care providers, faith-based entities, and child advocates to develop the plan. The regional plans can be reviewed at [FY 2024 Capacity Building Plan Based on the Foster Care Needs Assessment \(texas.gov\)](#).

Qualified Residential Treatment Program Pilot

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Residential Operations (GRO) to apply to become contracted QRTP providers. DFPS achieved readiness to serve the first youth in July 2022. As of May 2023, the agency has two contracted QRTP providers and have begun prescreening youth. The Agency continues to accept contracted providers in order to accept referrals for QRTP placement. As providers become available, the DFPS Placement Division will issue a statewide broadcast to DFPS staff that QRTP referrals may begin. Source: [Qualified Residential Treatment Program \(QRTP\) \(texas.gov\)](https://www.texas.gov/newsroom/2023/05/02/qualified-residential-treatment-program-qrtp)

Inpatient Psychiatric Stabilization Program

The Inpatient Psychiatric Stabilization Program (IPSP) serves youth without placement with behavioral health needs or who have a history of placement instability due to psychiatric hospitalizations. These youth need a stronger continuum of inpatient services to stabilize and enable them to step down into placements that accommodate their needs. IPSP is a time-limited 90-day program intended specifically for youth who require significant support with their mental health stabilization in order to transition into a less restrictive placement setting.

Strategic Behavioral Health Planning

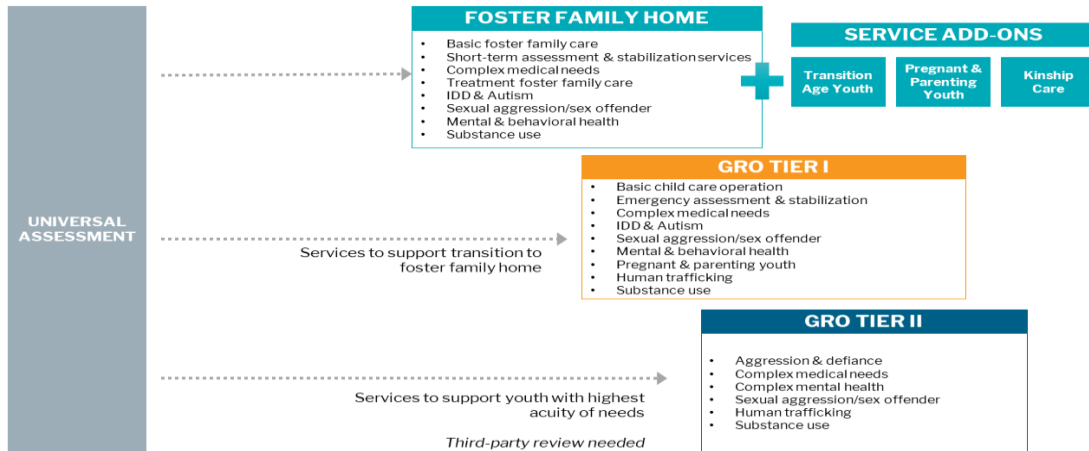
To ensure a coordinated and outcome-based approach to meeting the behavioral health needs for youth in DFPS conservatorship, DFPS proposed and the 88th Texas Legislator appropriated funding for a dedicated team at DFPS solely focused on addressing the strategic, coordinated care of youth in conservatorship. The DFPS Chief Strategist for Behavioral Health and her inaugural team work closely with DFPS leadership and other child-serving institutions, stakeholders, and partners to strengthen service delivery for youth and families engaged with the DFPS system. Efforts began with a SWOT analysis of gaps within the Texas system, conducted with surveys and focus-groups for internal and external stakeholders. Results of the analysis can be reviewed in the Well-Being section of this assessment.

Texas Child-Centered Care (formerly known as Foster Care Rate Modernization)

With little modification, the existing foster care rate methodology and Texas Service Level System structure has been in place since September 1988. The Texas Child-Centered Care (commonly referred to with the acronym T3C) System represents a complete transformation of the foster care system that includes an evidence-informed universal assessment of child need, clearly defined service packages tailored to meet the specific needs of the children, and a new fully funded foster care rate methodology that aligns payment with the cost of care. To successfully transition to the T3C system, modifications must be made to the IT infrastructure, policy, procedures, contracts, contract monitoring, and the process for assessing, matching, and placing children under the new modernized system. The infrastructure/readiness work that must be done to implement the T3C is planned for 19 months (June 2023-December 2024). In January 2025, children and youth will begin to transition under the new foster care continuum and the state will operate with the old and new systems. DFPS anticipated that children receiving services like Basic and Treatment Foster Family Care will be the first to move to T3C, as these services are most closely aligned to what is offered in the system today. For other services that are brand new to the system, more time will be needed to develop the appropriate capacity across the state. Based on the current plan, it is likely that a full transition of children under the new continuum will occur by state FY 2028. Successful implementation and transition to the T3C System is anticipated to result in overall improvement to safety, permanency, and well-being outcomes for children in the foster care system. T3C will strengthen assessment of individual needs, matching needs to services, and funding fully the delivery of services.

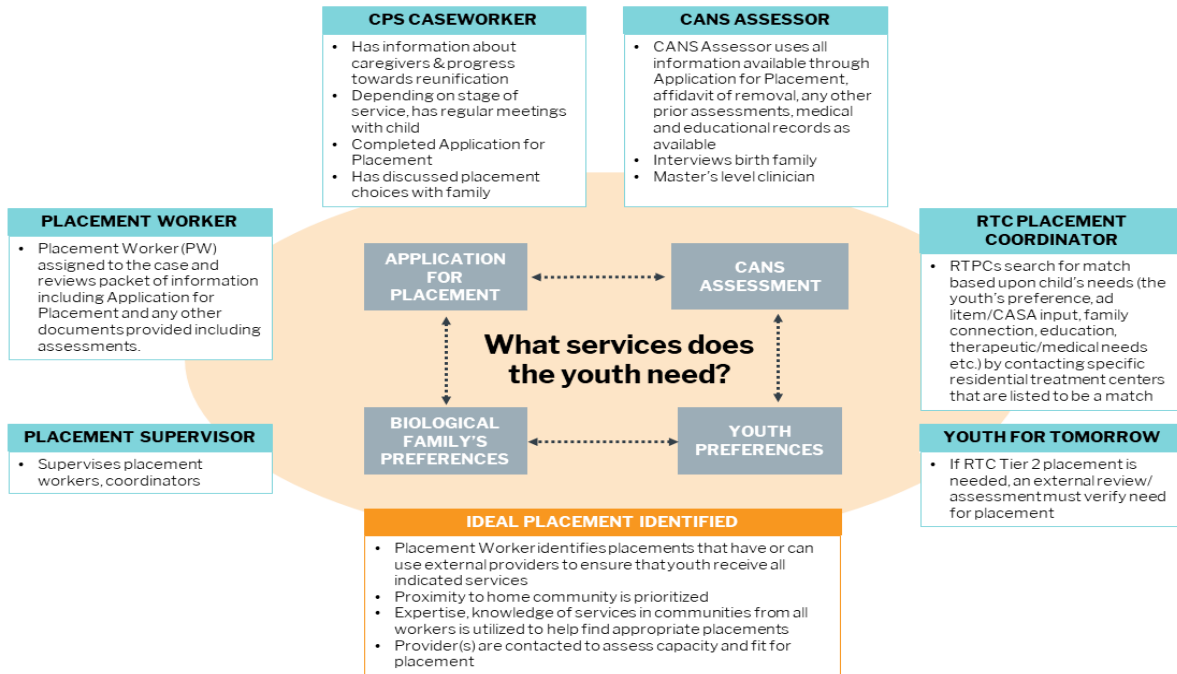
Section IV- Assessment of Systemic Factors

For T3C, a universal assessment protocol will include a new version of the CANS assessment that will inform the child’s primary setting. There will be a determination of the service package and any add-ons that are specific to the child, in order to match with a corresponding placement. A diagram outlines the T3C model:



Ultimately, T3C will result in a better match for services to be provided to youth in foster care. The model below shows the complexity involved with determining this match for services.

Section IV- Assessment of Systemic Factors



A high-level overview of the implementation plan and key milestones for the T3C project can be found beginning on page 28 of the [Foster Care Rate Modernization: Pro Forma Modeled Rates and Fiscal Impact report and DFPS companion report \(texas.gov\)](#).

Evidence

- Annual Progress and Services Report
- Foster Care Needs Assessment
- Stakeholder Engagement Opportunities

Summary of Performance

In CFSR Round 3, Item 30: Individualizing Services was found to be an area needing improvement. While Texas successfully completed a Program Improvement Plan and strengthened services, there is an identified gap around the ability to individualize the services needed to meet the children with complex behavioral health needs. Texas has assessed Item 30: Individualizing Services in CFSR Round 4 to be an **area needing improvement**. The state has a number of initiatives underway to address the changing needs of the families served. Texas has assessed the state's performance on the Service Array and Resource Development systemic factor to be **not in substantial conformity**.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

In CFSR Round 3, Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR was found to be a strength. As in CFSR Round 3, Texas has continued to engage and collaborate with stakeholders across the state. Texas has assessed the state's performance on Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Agency Responsiveness to the Community systemic factor to be in **substantial conformity**.

Analysis

Building community relationships and partnerships is an integral part of the Texas Department of Family and Protective Services (DFPS) work and is critical to providing clients with needed support. DFPS continues to utilize all available community support to provide for the safety, well-being, and permanency of Texas children and help ensure the successful implementation of the goals, objectives, and strategies listed in the 2020-24 Child and Family Services Plan (CFSP). The 2020-24 CFSP lists specific strategies employed to actively seek collaboration and support for the successful CFSP implementation within the 2020-24 timeframe. The agency's ongoing efforts to work toward implementing and completing the 2020-24 CFSP goals and activities, assessing outcomes, and developing strategic plans to increase the safety, permanency, and well-being of children in the child welfare system will continue in the collaborative efforts identified in the CFSP, as well as other such collaborative activities noted below.

It is important to note that the collaboration activities listed below are not all inclusive but a highlight of key stakeholder collaboration groups. In addition to the activities listed, regional leadership and staff engage and collaborate with stakeholders in the local communities throughout the state. As described in Section I (page 4), regional staff hold regular meetings with the various stakeholders in their communities and partner in an effort to address each community's needs.

Community-Based Care

Since 2010, DFPS has engaged in an effort to redesign the foster care system to expand the role of community providers to take responsibility for placement services, capacity/network development, community engagement, and service delivery, and coordination for children in foster care and their families under single source continuum contracts. In 2017, the 85th Texas Legislature directed DFPS to begin purchasing case management and services to children in DFPS conservatorship, their families, and relative/kinship placements from Single Source Continuum Contractors (SSCCs). This model is known as Community-Based Care. Senate Bill 1896, 87th Texas Legislative, Regular Session, 2021, created the Office of Community-Based Care Transition (OCBCT) as an independent office administratively attached to DFPS. The director is appointed by and reports to the Governor.

Stakeholder involvement is paramount to the development and success of this redesigned foster care system in Texas. The project team has ensured comprehensive and extensive stakeholder

involvement throughout Community-Based Care implementation with a Public Private Partnership advisory committee. The Partnership is a collaborative endeavor among DFPS staff, former foster youth, parent partners, private providers, advocates, trade associations, and judges, which continues to serve as the guiding body on Community-Based Care recommendations.

OCBCT collaborates with DFPS on communications for all internal and external stakeholders regarding Community-Based Care implementation. DFPS and OCBCT maintain a public webpage to serve as a general communication venue for timely project updates and notices, such as the formal Community-Based Care implementation plan and other legislatively required progress reports, as well as content of interest to DFPS staff and stakeholders affected by Community-Based Care. The webpage includes implementation status updates for each Community-Based Care area and responses to frequently asked questions from CPS staff and other stakeholders. Additional communication activities found on the Community-Based Care webpage include:

- Community outreach updates, including town halls for staff, community partners, and the judiciary;
- SSCC information and links to each SSCC website;
- OCBCT information, including an organizational chart and mission; and
- DFPS trainings and general cross-divisional presentations to ensure staff understanding of the Community-Based Care model and status of implementation.

OCBCT meets regularly with SSCCs and DFPS to evaluate Community-Based Care implementation and post-implementation gaps for ongoing process improvement through regional implementation calls, post-transition surveys, and meetings. DFPS reports on outcomes and implementation status through Legislative reports posted on the DFPS public website. In addition, community based-care administrators serve as liaisons between DFPS and the SSCC, providing support and facilitating communication and collaboration.

Children's Commission

The Supreme Court of Texas Permanent Judicial Commission for Children, Youth and Families was established in 2007 and is regularly known as the "Children's Commission". The Children's Commission works toward ensuring better outcomes for children and families involved in the Texas child welfare system. The Children's Commission assists courts with judicial handling of child welfare cases through its Systems Improvement, Legal Practice and Process, Training, and Data committees. The Children's Commission also administers the federal Court Improvement Program for Texas. The formal Children's Commission is composed of a high-level membership from the executive, judicial, and legislative branches of Texas government, along with child welfare partners in the non-profit and private sectors. The Children's Commission links to the larger stakeholder community through a more than 40-member Collaborative Council, comprised of former foster youth, foster families, attorneys, CASA, and parent advocates. Representatives from institutions of juvenile justice, mental health and education are also included, as well as representatives from the private provider community, children's advocacy centers, and many other child protection and child and family advocacy groups.

Disproportionality

DFPS is committed to continually addressing disproportionality in the Texas child welfare system to ensure all children and families are afforded equitable opportunities for positive outcomes. DFPS has a responsibility to mitigate disparity in all phases of child welfare services delivery by:

- Delivering cultural competency training to all DFPS service delivery staff, as well as community and external stakeholders;
- Analyzing and sharing data related to outcomes at key decision-making points; and
- Developing partnerships with community groups to provide culturally responsive services to children and families.

Partnerships with communities to address the problem of disproportionality exist statewide. Some regions have convened local community advisory committees with participating parents and youth alumni. Currently three committees are active: one statewide committee and two local committees in Dallas and Travis counties. In addition, DFPS fosters numerous partnerships with external stakeholders and local communities. The work of these committees and partnerships is crucial to improving the Texas child welfare system, strengthening its services, and eliminating disproportionality and disparities. The agency published a disproportionality and disparity analysis report for fiscal year 2023 that is available on the public website (Source: [Fiscal Year 2023 Disproportionality and Disparity Analysis—texas.gov](#)).

Texas Faith-Based Model

The DFPS Faith-Based and Community Engagement Division engages faith-based, community partners and people to assist vulnerable children, adults, and families served by DFPS. The Faith-Based and Community Engagement Division’s goals and strategies fall into five overarching objectives:

1. Foster key partnerships;
2. Promote community awareness;
3. Strengthen volunteer and intern engagement;
4. Effectively manage resources; and
5. Develop and maintain the faith-based and community engagement workforce.

The Faith-Based and Community Engagement Division works collaboratively with all DFPS program divisions to maximize resources and leverage valuable relationships available to the state to best meet the needs of Texans who are most at risk of abuse and neglect. Some of the current partnerships and initiatives in place are with:

- Care Portal, a web-based tool that allows DFPS staff to connect with faith communities to clearly identify and meet the needs of children and families (<https://www.careportal.org/>);
- Volunteers and interns to benefit clients and families and encourages faith-based and community partners to participate in prevention and education activities around child welfare (<https://www.dfps.texas.gov/Community/volunteer/>);
- The Office of the Texas Governor on faith-based strategies to address child sex trafficking in Texas, which includes inviting all faith communities to join in a day of prayer <https://gov.texas.gov/organization/cjd/cstt-grace>.

- Texas Interagency Coordinating Group established by the 81st Texas Legislature in 2009 to advance partnerships between state agencies and local faith-based and community organizations (<https://onestarfoundation.org/icg/>).

Across the state there are several Rainbow Rooms that provide various items that youth and families may need—for example, clothes, school supplies, hygiene products, diapers, safe sleep furniture, car seats, etc. In fiscal year 2022, there were 135 Rainbow Rooms in 118 counties. DFPS faith-based and community engagement staff served 3,836 clients and 12,204 family members through the Rainbow Rooms. In total, the Rainbow Rooms served an estimated 60,000 children and youth across the state.

Parent Collaboration Group

The statewide Parent Collaboration Group is a DFPS advisory committee that provides a forum for parents involved with the child welfare system and have “lived experiences” to share their experiences and make recommendations for improvement that assists in the analysis of current policies and the evaluation of service delivery strategies. The Parent Collaboration Group provides a mechanism to include biological parents in the design, implementation, and evaluation of the CPS program.

Each region has one or more parent representatives, known as parent liaisons, and a CPS representative in the Parent Collaboration Group. Regions 01, 02, 03E, 04, 05, 06A, 07, 08, and 10 currently have parent liaisons, and DFPS has plans to fill the vacancies in other regions to strengthen the parent voice and increase parent participation in regional parent support groups. The CPS parent program specialist serves as a liaison to the Parent Collaboration Group and the CPS fatherhood specialist routinely participates. A web page on the DFPS website is dedicated to the Parent Collaboration Group initiative, and there is a web page dedicated to the Fatherhood initiative. Additionally, the CPS parent program specialist is a member of the Children’s Commission Collaborative Council, and a regional parent liaison serves as a commissioner on the Children’s Commission.

Youth Leadership Council

The State and Regional Youth Leadership councils were created in the 1990s and formalized in 2005 with the promulgation of rules in Texas Administrative Code, Section 702.515. The Statewide Youth Leadership Council provides a forum for current or former foster care youth. The Statewide Youth Leadership Council includes two elected or appointed youth or young adults aged 16 to 21 years from each region’s Youth Leadership Council. Councils identify issues and make recommendations for improving services to children and youth in care, review policies and program initiatives, and give feedback DFPS reviews and incorporates into the Title IV-B Annual Progress and Services Report (APSR), state planning, best practice efforts, or other program initiatives. DFPS also utilizes the Youth Leadership Council to seek input on policy development from children and youth involved with CPS to ensure the needs of this population are accurately met. The Statewide Youth Leadership Council meets at least two times per year, and regional Youth Leadership Councils meet at least three times per year. All youth and young adults who participate in these council meetings are between the ages of 16 and 21 years, and live, or have lived, in a variety of placement settings, including foster homes, congregate care facilities, kinship placements, and Supervised Independent Living.

Texas Foster Family Association

The Texas Foster Care Association, also known as the Texas Foster Family Association (TFFA), recruits and provides training opportunities to Texas foster families to promote the well-being of children in foster care. The Texas Foster Family Association also assists in providing training opportunities and support to adoptive, kinship, and General Residential Operation/Residential Treatment Center caregivers across the state. This non-profit organization holds an annual training conference, co-sponsors regional training and recruitment events, and provides information to members via a public website, www.tffa.org, and social media, specifically Facebook, “X”/Twitter, and Instagram.

The Texas Foster Family Association Board is made up of foster parents, DFPS staff, private child-placing agencies, as well as former foster parents who serve on the executive committee and head other committees. The full board and the executive committee hold at least three meetings per year to ensure goals are set, communication between participants occurs, and productive relationships are developed and maintained between foster families and staff. Regional DFPS staff, foster parents, and private-agency staff review proposed policies and make recommendations to improve foster family recruitment, and retention and services to children in foster care. Input is incorporated into the DFPS strategic and programmatic planning process.

Kinship Collaboration Group

The Kinship Collaboration Group provides a mechanism to include kinship caregivers in the design, implementation, and evaluation of the CPS program. This initiative encourages collaboration with kinship caregivers who are affected by the CPS service delivery system and provides a unique perspective on how to improve services to kinship caregivers and children.

Kinship caregivers involved in the DFPS system have an opportunity for input into system improvement and benefit from the support and knowledge that they are not alone in trying to care for their relative or kin children. The Kinship Collaboration Group structure consists of regional kinship support groups that meet at least quarterly, and a statewide kinship collaboration group that meets four times a year. Initiated locally, regional kinship support group meetings continued using both the virtual platform shared statewide in a continued effort to grow the program and, in a limited capacity, in person in 2023. Kinship caregiver support groups are designed to educate kinship caregivers about the foster care system, develop tools and strategies to improve kinship care, and serve as a conduit for new ideas. Caregiver-led involvement provides kinship development caseworkers and DFPS leadership with information needed to inspire a sense of urgency for the achievement of positive permanency for children in foster care.

Casey Family Programs

In collaboration with the Texas Alliance of Child and Family Services and Casey Family Programs, DFPS convened workgroups involving internal and external stakeholders to propose additional solutions for creating a “kinship first” culture within the Texas child welfare system. These workgroups focused on ways to ensure children are placed with kin at the earliest point possible, as well as provide support to the kin caregiver after the child is placed. Through the support of Casey Family Programs, DFPS contacted other states including Florida, New Jersey, Oklahoma, and Utah to explore successful state implemented strategies. The group has explored:

- Increasing financial support for unverified kin caregivers;

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- Providing access to respite care and enhancing day care benefits;
- Increasing behavioral and mental health supports;
- Expanding and improving practices related to finding and engaging kin caregivers; and
- Increasing verification of kin caregivers.

Initial workgroup recommendations were finalized in Fall 2022, and DFPS staff is now working on the next steps to facilitate some of those recommendations. A part of this project is the new specialized Kinship Treatment Foster Care Program which began in Spring 2023. The program provides extra training and support to kinship caregivers caring for children with specialized behavioral health needs.

Casey Family Programs offered technical assistance to support a steering committee to help develop, prioritize, and implement recommendations related to kinship care and building system capacity to address placement needs.

Child Fatality Review Teams

Child fatality review teams are multi-disciplinary, multi-agency panels that regularly review child deaths, regardless of the cause, to understand risk to children and reduce the number of preventable child deaths. These teams are uniquely qualified to understand how and why children are dying in their communities. By sharing information, team members discover the circumstances surrounding a child's death and utilize the information to make recommendations that may inform Child Protective Investigations (CPI) and CPS policies and practices.

Regional child death review committees review cases in which the death is determined to be the result of abuse or neglect, and the family was previously involved with CPI or CPS or had an open CPI or CPS case at the time of the child's death. This review occurs at the regional or local level and involves DFPS staff, as well as local stakeholders to identify any systemic issues that may have impacted service provision to the family. The recommendations from these reviews are shared internally with regional management for consideration and also forwarded to the CPI and CPS State Office to review for statewide implications and incorporation into strategic and programmatic planning.

The Child Safety Review Committee (CSRC) consists of the Office of Accountability director; the lead child fatality program specialist; and DFPS State Office representatives from Legal, CPI, CPS, Center for Learning and Organizational Excellence (CLOE), Child Care Investigations (CCI), Statewide Intake, and Prevention and Early Intervention (PEI). The CSRC also includes representatives from the state child fatality review teams, a representative of the Texas Council on Family Violence, and other community subject matter experts.

During quarterly meetings, the CSRC considers issues with statewide implications for policy, training, resource development, casework practice, and coordination with external entities. Through a review of recommendations from the regional child death review committees/citizen review teams, issues are identified and discussed, and recommended actions determined by the CSRC are provided to CPI and CPS leadership for review and follow-up.

Citizen Review Teams

Citizen review teams are citizen-based panels established to evaluate DFPS casework and decision-making related to investigating and providing services to abused and neglected children. Membership includes community representatives and private citizens residing in the area for which the team is established. Texas Family Code Section 261.312 requires each region to have at least one citizen review team. Five of these teams are designated as meeting the requirements of the Child Abuse Prevention and Treatment Act (CAPTA), Appendix I. The CAPTA teams are in regions 01, 03 (03E and 03W), 06 (06A and 06B), 07, and 11. The CAPTA teams are required to meet at least quarterly to address a wide range of CPI and CPS issues from intake to adoption and must produce an annual report of their activities to inform the Title IV-B State Plan. Citizen review teams currently include CPI and CPS cases involving child fatalities meeting the criteria for a regional child death review committee meeting to improve policy, practice, and outcomes for such cases.

Texas Council on Adoptable Children

The Texas Council on Adoptable Children (COAC) is a statewide organization intended to connect, train, engage, and support adoptive families for the purpose of maintaining and unifying a successful adoptive family. COAC helps adoptive families adjust to adoption and cope with any history of abuse and trauma to the child. This support is provided through a Texas Council on Adoptable Children State Board and regional branches. The State Board meets at least two times a year with a DFPS liaison to review current policies and provide feedback on the needs of adoptive families. Organization members advocate and share information with DFPS regarding issues of concern to adoptive parents and their families. COAC holds events to provide support and community for their adoptive families. During these events, COAC also provides specialized training for their adoptive children and parents. COAC holds virtual meetings but will continue to hold at least one in-person board meeting a year. COAC was able to hold its annual Fun in the Sun event in fiscal year 2022 and plans to hold the event in fiscal year 2023 to provide families with training and engagement opportunities.

Interstate Compact on Adoption and Medical Assistance (ICAMA)

The Association of Administrators of Interstate Compact on Adoption and Medical Assistance (AAICAMA) is an incorporated non-profit organization that establishes rules and policies, applies for grants, authorizes expenditures, and contracts for services on behalf of its member states. DFPS is a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA), the interstate compact that protects the interests of children with special needs who have been adopted and placed or moved interjurisdictionally. DFPS sends a staff person to the annual AAICAMA National Conference and the Texas ICAMA. The Deputy Compact Administrator currently serves as the Vice President of the AAICAMA national board. Their conference provides training and supports DFPS in the proper and efficient administration of the state's Title IV-E program for adoption assistance.

DFPS transitioned to the new federal ICAMA system (eCARE Vault) in September 2023, requiring a transition period, new training for users of the system, and adjustments to the new portal.

Texas Council of Child Welfare Boards

The Texas Council of Child Welfare Boards represents a statewide network of county child welfare board volunteers who are concerned with the welfare of children, especially children suffering from abuse and neglect, who are involved with DFPS. Representatives of these local county boards serve 11 DFPS regional councils that, in turn, provide representation on a state level to the Texas Council of Child Welfare Boards. The Texas Council's executive director, officers, and members work with CPS staff on programs that meet children's needs, network with other organizations to provide care for abused and neglected children, and strengthen families through public information and education. The Texas Council reviews the Title IV-B State Plan annually, providing input and recommendations to DFPS on behalf of local county boards from every region.

Committee for Advancing Residential Practices

The Committee for Advancing Residential Practices includes residential providers, residential provider associations, advocacy groups, and stakeholders. Representatives from HHSC Residential Child Care Licensing, DFPS Residential Contracts, and CPS participate.

The committee meets quarterly in an effort to strengthen the partnership; improve communication; provide a venue for focusing on advancements to residential practices that support enhanced safety, permanency, and well-being for children; and incorporate input into strategic and programmatic planning.

In the November 2023 meeting, combining the Committee for Advancing Residential Practices and the Public Private Partnership was discussed. Combining the two groups and developing a formal set of workgroups reporting to it has been proposed after the two entities talked about overlapping responsibilities and a desire for more input and open dialogue.

Prevention Framework

Established in 2019, the Texas Prevention Framework Workgroup is comprised of representation from DFPS, HHSC, the Texas Department of State Health Services, the Texas Workforce Commission, Texas advocacy leaders, the state judiciary partners, and foundation, philanthropic, research, and parent partners. The workgroup focuses on transforming the child welfare system into a child and family well-being system through elevating cross-sector prevention efforts; expanding stakeholder inclusivity in the prevention of child abuse and neglect; and developing Texas's model of a public health approach to the child welfare framework. In fiscal year 2023, the Prevention Framework Workgroup continued to participate in the Thriving Families Safer Children learning collaborative. Representatives of the larger workgroup participated in national discussions regarding ways to promote upstream prevention and incorporate lived experience. PEI leadership meet regularly with the workgroup as thought leaders, using the prevention framework to further develop partnerships and commit to a common vision to support Texas families and messaging around DFPS work supporting children and families in Texas.

Tribal Partners

There are 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 of Texas. DFPS participates in biannual state/tribal meetings with tribal, state, and federal representatives, and external stakeholders. Each entity shares the responsibility for hosting a meeting, and the

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events are held at multiple locations in Texas. Resources, training, and services are shared. More information is available in the section I.

In addition to these stakeholder engagement opportunities, the agency holds public council meetings that are open to the public and updated on the agency website (Source: [DFPS - Public Meetings—texas.gov](https://www.dfps.gov/public-meetings)).

Evidence Reviewed:

- Annual Progress and Services Report
- Child and Family Services Plan
- DFPS Public Website

Summary of Performance

In CFSR Round 3, Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR was found to be a strength. As in CFSR Round 3, Texas has continued to engage and collaborate with stakeholders across a variety of topics. Texas has assessed the state's performance on Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Agency Responsiveness to the Community systemic factor to be in **substantial conformity**.

Item 32: Coordination of CFSP Services with Other Federal Programs

In CFSR Round 3, Item 32: Coordination of CFSP Services with Other Federal Programs was found to be a strength. For CFSR Round 4, Texas has continued to partner and coordinate service with other programs serving the same population. Texas has assessed the state's performance on Item 32: Coordination of CFSP Services with Other Federal Programs in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Agency Responsiveness to the Community systemic factor to be in **substantial conformity**.

Analysis

Building community relationships and partnerships is an integral part of the work of DFPS and are critical to providing needed services and supports to the children and families served by DFPS. The agency actively engages with community partners to increase communication, understanding, and collaboration strategies across service systems to strengthen families, as well as to enrich communities. DFPS works diligently to build and strengthen alliances and networks at all levels and continues to utilize all available community support to provide for the safety, well-being, and permanency of Texas children.

In addition to the collaboration and coordination mentioned in Section I, Section II, and Item 31, the following are additional partnerships and programs serving the same population.

Texas Permanency Outcomes Project (TXPOP)

In collaboration with DFPS, The University of Texas implemented a federal grant, the Texas Permanency Outcomes Project or TXPOP. TXPOP develops sustainable best practices utilized by child welfare agencies across Texas to connect children to their birth families, regardless of their permanency outcome. TXPOP has a three-pronged approach: TXPOP Practice Model, Statewide Capacity Building, and System Engagement. As it pertains to capacity building, TXPOP provides trainings and support to professionals with certificates in child welfare and child protection services from the Steve Hicks School of Social Work. TXPOP also offers an online resource hub that provides child welfare workers with resources, tools, and materials on engaging birth families and ensuring the child's voice is at the heart of the work. TXPOP has developed a multimedia campaign for foster, adoptive and kinship caregivers called [Compassionate Caregivers](#). This campaign provides resources and tools on how to engage with a child's family in a meaningful way.

Source: [Texas Permanency Outcomes Project \(TXPOP\) - Texas Institute for Child & Family Wellbeing \(utexas.edu\)](#)

Tribal Partners

There are 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 of Texas. DFPS participates in biannual state/tribal meetings with tribal, state, and federal representatives, and external stakeholders. Each entity shares the responsibility for hosting a meeting, and the events are held at multiple locations in Texas. Resources, training, and services are shared. More information is available in the section I.

Children’s Justice Act

The Children’s Justice Act (CJA) is a federal grant awarded to each state to develop, establish, and operate programs designed to improve the child protection system in four primary areas:

- The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim;
- The handling of cases of suspected child abuse and neglect-related fatalities;
- The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation; and
- The handling of cases involving children with disabilities or serious health-related problems who are the victims of abuse or neglect.

As a requirement of the federal grant, Texas maintains a multidisciplinary task force on children’s justice to oversee program activities. Children’s Advocacy Centers of Texas (CACTX) is the CJA program administrator and facilitates the Children’s Justice Act Task Force comprised of professionals with knowledge of and experience with the child protection and criminal justice systems. DFPS and the Children’s Justice Act Task Force have a close, collaborative relationship, particularly on issues related to child safety. The task force has worked closely with DFPS regarding initiatives over the past several years, which will continue for the next five years.

Collaboration on Behavioral Health and Medical Needs of Children in DFPS

Conservatorship

HHSC Medicaid/CHIP and Behavioral Health, DFPS, and the STAR Health managed care organization collaborate frequently regarding behavioral health and medical needs of children in DFPS conservatorship. Together, stakeholders work closely to ensure children enrolled in Medicaid are receiving medically necessary access to care. These meetings and structured communications ensure coordination between entities occurs for the enhanced services outlined in this plan. Ongoing collaborations include:

- Regular meetings between HHSC and DFPS, including a monthly touch base, HHSC-DFPS STAR Health leadership meetings, and ad hoc meetings to address urgent issues;
- Monthly behavioral health leadership and routine coordination meetings with HHSC state hospital and substance use treatment services staff, Community Resource Coordination Groups, local behavioral and mental health authorities, and others for discussions tailored to behavioral health services issues;
- Daily regular updates from the STAR Health managed care organization on DFPS-identified high needs children who routinely fall into one of three groups – soon to be released from an inpatient setting; released from an inpatient setting and awaiting placement; or children with complex needs – to ensure all parties are aware of service needs, efforts being made, and coordination of responses;
- Regular meetings of HHSC, DFPS, and the STAR Health managed care organization, such as the monthly joint meeting with standing agenda item on care coordination focusing on children lacking permanent placement and other children with special health care needs; a bi-weekly meeting with select leadership staff focusing on innovative solutions to complex problems and prioritizing discussions related to children lacking placement.
- A quarterly Psychotropic Medication Monitoring Group meeting chaired by the CPS medical director and including HHSC Medicaid/CHIP, DFPS, The University of Texas at Austin

College of Pharmacy, the STAR Health managed care organization, and others to review Psychotropic Medication Utilization Reviews conducted by STAR Health; statewide data and trends regarding psychotropic medication use for children in foster care; and updates to the *Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (2019)*; and

- Quarterly meetings with HHSC, DFPS, the STAR Health managed care organization, and external stakeholders affiliated with medical and psychiatric hospitals to discuss current challenges and changes impacting the transition of children with complex needs to stabilization.

Statewide Behavioral Health Coordinating Council

The Statewide Behavioral Health Coordinating Council (SBHCC) was established to ensure a strategic statewide approach to behavioral health services. House Bill 1, 84th Legislature, Regular Session, 2015, (Article IX, Section 10.04) established the SBHCC to coordinate behavioral health services across state agencies. The SBHCC is comprised of representatives of state agencies or institutions of higher education that receive state general revenue for behavioral health services. DFPS participates as a member of the Council and joins the SBHCC meetings held at least quarterly. DFPS also participates in Council subgroups to address topics such as workforce issues, children’s mental health, suicide risks, and others are held. The SBHCC website ([Statewide Behavioral Health Coordinating Council | Texas Health and Human Services](#)) contains recent reports available describing collaborative work. Recent reports include the Coordinated Statewide Behavioral Health Expenditure Proposal for FY2023, a Report on Suicide and Suicide Prevention in Texas from 2022, and strategic plans relevant to behavioral health and intellectual and developmental disabilities.

Core duties of the SBHCC include:

- Developing and monitoring the implementation of a five-year statewide behavioral health strategic plan for Texas.
- Developing annual coordinated statewide behavioral health expenditure proposals.
- Annually publishing an updated inventory of behavioral health programs and services that are funded by the state

Community-Based Child Abuse Prevention

DFPS has utilized Community-Based Child Abuse Prevention (CBCAP) funding for initiatives, programs, and activities to strengthen and support families to reduce the likelihood of child abuse and neglect. CBCAP major objectives include collaborating with communities to identify prevention and early intervention needs and helping to enhance and expand services. Due to the flexible nature of this funding, Prevention and Early Intervention (PEI) has the ability to use CBCAP funding to support shared goals in various ways. In fiscal year 2022, a total of 23,035 families received services through the Community-Based Child Abuse Prevention funded programs. A few examples of how this funding has afforded meaningful collaboration include:

- Fatherhood EFFECT (Educating Fathers for Empowering Children Tomorrow) programs provide free, voluntary parenting education and support to fathers and father figures. Grantees also participate in community coalition building and organizational change efforts to increase

the quality of direct services targeted specifically for fathers and promote inclusion and support of fathers across multiple programs.

- In fiscal year 2023, PEI returned to hosting a statewide in-person Fatherhood Summit which serves as an opportunity for providers, community stakeholders, and state agency partnerships to celebrate the fatherhood work done across Texas communities, highlight fatherhood best practices and special initiatives, and share comprehensive approaches and resources to support Texas fathers and their families.
- The Texas Service Member and Veteran Families program provides support for families of children ages birth to 17 years in which one or both parents are serving, or have served, in the armed forces, reserves, or National Guard. Through supports such as parenting, education, counseling, and youth development programming, this program partners with military and veteran caregivers to support positive parental involvement in their children's lives and maximize their ability to give their children emotional, physical, and financial support.
- PEI's Partners in Prevention Conference (PIP) brings together the largest group of prevention and early intervention professionals in Texas. PEI celebrated its 22nd annual PIP Conference in September 2022 in Corpus Christi. This year's dynamic, interactive conference welcomed 1,109 prevention and early intervention professionals, including 857 in person and 252 virtual attendees, as they enjoyed 30 sessions, five intensive sessions, and two memorable keynote sessions. The conference attracted parent educators, youth service providers, civic leaders, policy advocates, researchers, and others child and family well-being professionals for learning and networking. The conference theme, Anchored in Purpose, presented opportunities to explore how to stay anchored to a vision, mission, and goals, and where to find renewed purpose. Attendees demonstrated what drives their work through poster sessions and participation in fireside chats with PEI leadership, trainings, and networking opportunities.
- Continued collaboration at the community level to provide family services and supports to prevent crises with the potential to result in the child welfare system involvement or the removal of their child continues to be highlighted by the low number of CPS-involved families for whom PEI provides services.
 - PEI is actively working to strengthen parent and family leadership work. PEI hired a full-time parent partner to build upon past efforts and establish a Parent Advisory Council in fiscal year 2023. The parent partner and planning committee, which included three parent leaders, completed the recruitment of committee members. The PEI Parent Advocacy Council meets virtually to participate in training and support work on a charter, organizational documents, and a handbook. PEI also created a youth ambassador initiative to mirror the parent advisory council in elevating youth voice in prevention programming. The youth ambassadors also meet monthly and are creating foundational documents to support this initiative's sustainability going forward. Youth have worked on a writing contest to raise awareness of issues facing youth which launched in February 2023 for Youth Leadership Month. While DFPS has long engaged parent and youth advisory groups to provide leadership on child welfare policy and practice, these groups are uniquely positioned within PEI to work specifically toward building upstream prevention strategies.

Rider 17.05 Juvenile Justice Prevention Group

DFPS, the Texas Juvenile Justice Department, the Texas Education Agency, and the Texas Military Department continues to participate in an interagency workgroup to coordinate the delivery of juvenile delinquency and dropout prevention and intervention services. The workgroup's collaborative goals are to increase members' understanding of state juvenile delinquency and dropout services, identify key considerations in service provision, and identify strengths and gaps in current programming. Over the fiscal year, the workgroup met quarterly to discuss these goals and produce their annual *Agency Coordination for Youth Prevention and Intervention Report*, as required by the Texas Legislature.

Early Childhood Interagency Work Group

Most early childhood programs and services in Texas are delivered through five state agencies: the Texas Education Agency, DFPS, the Texas Department of State Health Services, HHSC, and the Texas Workforce Commission. Programs and services provided by these state agencies often target the same population and serve related purposes. To maximize the outcomes for Texas children and families, these state agencies established the Early Childhood Interagency Work Group, along with the Interagency Deputy Director of Early Childhood Support, to coordinate across agencies and streamline efforts. The group's efforts are driven by the goals outlined in the *Texas Early Learning Council strategic plan* (<https://www.earlylearningtexas.org/TX-Early-Learning-Strategic-Plan.pdf>) and seven strategic priorities established by the workgroup related to data, funding, and information. This work includes establishing an early childhood integrated data system to combine data across programs that serve young children to increase data-driven decision making. The workgroup helped to guide development of the Early Childhood Texas website (<https://earlychildhood.texas.gov>), a one-stop resource for information on child health and development, parenting, childcare and education, and eligibility programs..

In fiscal year 2023, the U.S. Department of Health and Human Services' Administration for Children and Families along with the U.S. Department of Education awarded Texas a three-year \$48 million Preschool Development grant for funding years January 2023 through December 2025. The Texas Workforce Commission led the grant application in partnership with fellow members of the Early Childhood Interagency Work Group, including DFPS, HHSC, and the Texas Education Agency. The Texas grant builds on the six goals from the *Texas Early Learning Strategic Plan* and focuses on connecting families to services and engaging them as leaders, supporting local system building, expanding access to high quality programs, strengthening and building the early childhood care and education (ECCE) workforce, and developing an early childhood integrated data system. The agency will receive \$15 million over five years to award funds through a Texas Home Visiting and Healthy Outcomes through Prevention and Early Support (HOPE) competitive funding opportunity to further support early childhood systems building and family engagement initiatives in communities.

DFPS has increased the communication regarding agency plans, needs, news, initiatives, and changes through a variety of venues. These include a robust and interactive agency public website on which the Title IV-B Five Year Plan and Annual Provision of Services Reports are posted. Key reports and weblinks are as follows:

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- DFPS strategic plan for 2023-2027 which includes information for CPS: [DFPS - Strategic Plans and Customer Service Reports \(texas.gov\)](#)
- CFSP Final Report and Plan for FY's 2015-2019: [DFPS - Title IV-B State Plan \(texas.gov\)](#)
- DFPS Annual Report: [DFPS - Annual Reports \(texas.gov\)](#)
- Information for DFPS Stakeholders: [DFPS - Public Meetings \(texas.gov\)](#)
- DFPS Council Meetings: [DFPS - Texas Family and Protective Services Council](#)

Evidence Reviewed:

- Annual Progress and Services Report
- Child and Family Services Plan
- DFPS Annual Report
- DFPS Strategic Plan for 2023-2027

Summary of Performance

In CFSR Round 3, Item 32: Coordination of CFSP Services with Other Federal Programs was found to be a strength. For CFSR Round 4, Texas has continued to partner and coordinate service with other programs serving the same population. Texas has assessed the states performance on Item 32: Coordination of CFSP Services with Other Federal Programs in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Agency Responsiveness to the Community systemic factor to be in **substantial conformity**.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

As in CFSR Round 3, Texas has continued to apply standards equally across the state regardless if a home is licensed through DFPS or a private placing agency. Texas has assessed the state's performance on Item 33: Standards Applied Equally in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Foster and Adoptive Parent Licensing, Recruitment, and Retention systemic factor to be in **substantial conformity**.

Analysis

As Community-Based Care is implemented statewide, the number of foster/adoptive homes contracted with DFPS continues to decrease as private child placing agencies work with the SSCC to build the needed capacity in the local communities. This is a planned and ongoing transition. DFPS foster homes only serve children with basic service level needs. With the reduction in numbers of children in conservatorship, there are less children entering care with basic service level needs and more of these children are being placed with non-verified kinship caregivers.

DFPS verifies foster and adoptive families through its own certified child-placing agency in areas where the role has not transitioned to an SSCC to help ensure there are enough foster and adoptive homes for children in DFPS custody. Most DFPS administrative regions hold a certificate issued by Texas Health and Human Services Commission (HHSC) Residential Child Care Regulations to operate as a child-placing agency. As a child-placing agency, CPS adheres to the same minimum standards and is monitored in the same way as any other child-placing agency.

Based on the child population in each region, DFPS develops an annual recruitment plan to address the need for homes for children requiring basic childcare services or any regional priority for adoptions.

DFPS staff and foster parents work as a team to develop and identify the best permanent home possible for children in substitute care. Foster parents may also become approved as an adoptive home.

Additionally, private licensed child-placing agencies verify their foster, adoptive, and foster/adopt homes and general residential operations, including residential treatment centers, to provide out of home care to children who may have specific needs.

DFPS Foster and Adoptive Home Development staff verify CPS foster homes while private child-placing agencies verify their foster homes. Child-placing agency means a person, including an organization, other than the natural parents or guardian of a child who plans for the placement of or places a child in a child-care facility, agency foster home, or adoptive home. Private child-placing agencies provide all treatment services and foster home care for children in DFPS conservatorship. Each child placing agency and general residential operation determines what treatment services their operation will provide. These operations cannot take treatment services for which they are not permitted. Residential child-care facility means a facility licensed or certified by HHSC that operates for 24 hours per day. The term includes general residential operations, child-placing agencies, foster homes, and agency foster homes.

DFPS contracts with more than 340 licensed-residential childcare providers to provide substitute care to children in DFPS conservatorship. Through these contracts, DFPS establishes the qualifications, standards, services, expectations, and outcomes for 24- hour child-care facilities and child-placing agencies. DFPS has residential contract managers who assess, monitor, and manage these contracts. Residential contract managers serve as liaisons between DFPS staff and residential providers to improve communication, gather input, and resolve conflicts. They also work closely with a DFPS third party reviewer (Youth for Tomorrow), CPS and the HHSC Child Care Regulation division (formerly Child-Care Licensing) to ensure contractors comply with service level requirements, contracts expectations, and minimum standards.

In multiple areas of the state, DFPS contracts with SSCCs to develop a network of substitute care providers through a model known as Community-Based Care. Each SSCC subcontracts with licensed residential childcare providers for substitute care services. The goal is to contract for a continuum of services that better identifies and responds to the needs of local children. The SSCC, with DFPS oversight, is responsible for contract management, service level reviews, and coordination with HHSC Child Care Regulation division. The model introduces greater flexibility, with the SSCCs not bound to the same level of care system and payment rates, but able to establish these locally to best incentivize development of needed residential capacity and positive outcomes. Whether a residential provider is contracted through DFPS or an SSCC, licensing requirements are consistent and regulated across the state through Texas HHSC Child Care Regulation (Source: [Child Care Regulation | Texas Health and Human Services](#)). Each child placing agency and general residential operation may implement their own policies that extend above the requirements outlined in Minimum Standards. However, all Child Placing Agencies (CPA) and General Residential Operations (GRO) are required to abide by Minimum Standards and private agencies adhere to the DFPS residential contract.

Residential Child Care Regulation

[Chapter 42 of the Texas Human Resources Code](#) requires HHSC to regulate child care and child-placing activities in Texas and to create and enforce minimum standards ([Minimum Standards for Child-Placing Agencies \(texas.gov\)](#)). Chapter 42 also requires DFPS to investigate alleged child abuse and neglect in child-care facilities.

Charged with this task, the HHSC Child Care Regulation Department (CCR), Regulatory Services Division, develops rules for child-care in Texas which, once adopted, become part of the Texas Administrative Code. ([Read the child care licensing rules.](#)) Each set of Minimum Standards is based on a particular chapter of the Texas Administrative Code and the corresponding child-care operation permit type(s). For example, Chapter 746 is the Minimum Standards for Child-Care Centers and Chapter 749 is the Minimum Standards for Child-Placing Agencies. Minimum Standards mitigate risk for children in out-of-home care settings by outlining basic requirements to protect the health, safety and well-being of children in care. Each of the Minimum Standards has been assigned a weight — high, medium, medium-high, medium-low or low — based on the risk that a violation of that standard presents to children. Weights are noted at the end of each standard or subsection. Only those standards which can be cited as a deficiency are weighted. For example, definitions are not weighted.

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During the 88th Legislative Session, Senate Bill 593 was passed which requires Residential Child Care Regulations to contract with an Independent Entity to evaluate statutes, rules and minimum standards as well as DFPS Contracts requirements and make recommendations as to how the state can reduce barriers to becoming a foster/adopt home or licensed operation. The Independent Contractor will also evaluate any duplications between HHSC and DFPS oversight requirements and streamline the minimum standards. Currently, HHSC has attended negotiations with a vendor and foresees the contract with the vendor being completed soon.

The vendor will complete the assessment by September 30, 2024, and HHSC will then have 90 days to submit a response with our recommendations from the assessment to the legislature and Office of the Governor. Changes to rule, minimum standards and DFPS contract requirements may be amended at this time and funding for updates will be requested during the 89th Legislative Session to implement recommendations from the Independent Contractor's assessment.

Assigning weights to the Minimum Standards take into account the relative importance of standard violations and help facilitate a clear and common understanding of risk among providers, consumers and CCR staff. With a clear and common understanding regarding the risk associated with each standard deficiency, child-care providers and CCR staff can use this information as a guide in correcting deficiencies and setting priorities when making corrections.

The Texas Human Resource Code (HRC) 42.044(e) requires Residential Child Care Regulation to inspect a random sample of agency foster homes. Information gained during these inspections is used to determine a child-placing agency's compliance with the law, rules and minimum standards.

Residential Child Care Inspections for FY2022 and FY2023

	Count of Inspections Completed	Count of Standards Associated with Inspection	Count of Deficient Standards
FY2022			
Child Placing Agency	2957	4548	1167
General Residential Operation	1743	3077	758
Residential Treatment Center	1468	3360	612
FY2023			
Child Placing Agency	2749	4645	1183
General Residential Operation	1687	3980	941
Residential Treatment Center	1542	3787	693

The Children's Bureau identified two issues in a federal review of Texas foster family licensing standards. Issue number one was a deficiency relating to required limiting of the reasons for Title IV-E standards for exception to the limit of six foster children that may be cared for in a family home. The policy in Texas had an additional exception not specified in federal law. The second issue was the lack of specificity that a waiver or variance of any standards may be made only on a case-by-case basis for non-safety standards (as determined by Texas) in relative foster family

homes for specific children in care. DFPS negotiated a Program Improvement Plan and worked to remedy the issues in close collaboration with HHSC Regulatory staff. For Issue #1, the rule process aligning the exception reasons with federal law was completed and is in 26 TAC §749.2551, effective November 23, 2022. For Issue #2,-HHSC developed new rules, effective October 16, 2023 with the required specificity (Source: [Texas Administrative Code, Title 26, Part 1, Chapter 745, Subchapter J](#)). FPS made amendments to the residential contract on March 15, 2023 to reflect the requested language.

Foster Parent Resource Study

In 2020, DFPS conducted a study to evaluate whether the Department provides foster parents with adequate resources to ensure that foster parents are able to comply with all of the regulations relating to providing care for a child in the conservatorship of the department. The survey respondent information statuses were broken into four categories: Placement Recency, Kinship Status, Verification, and Dual Foster-Adoption Status.

Table 1. Information About Survey Respondents Foster Parent Statuses (N = 1460)

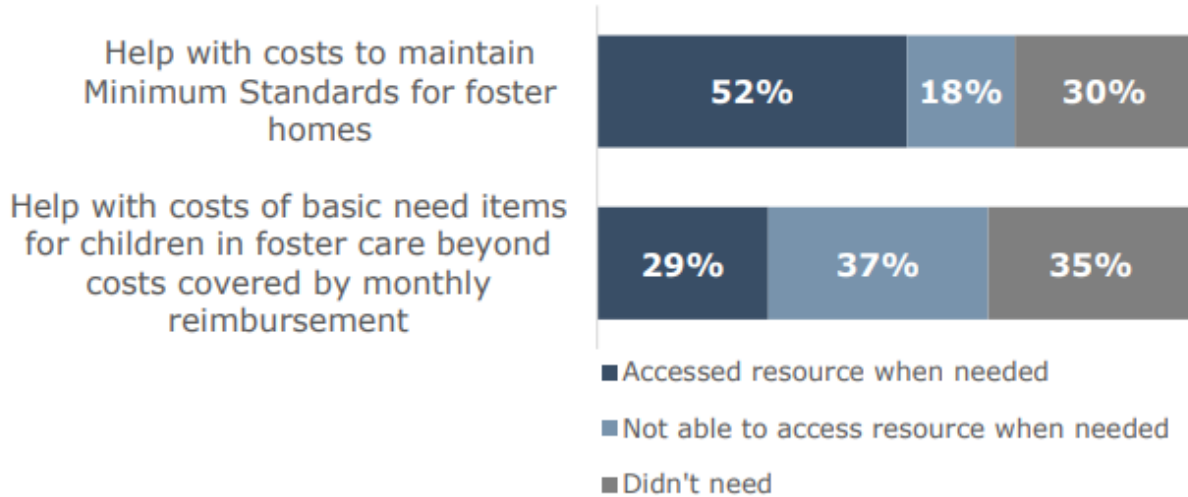
Placement Recency	%
Currently has one or more placements	81%
Does not currently have placement(s) but has had one or more placements in the past year	19%
Kinship Status	%
Kinship caregiver who is a verified foster parent	12%
Not a kinship caregiver	88%
Verification	%
Foster parent verified by a child placing agency	85%
Foster parent verified by DFPS FAD	13%
Foster parent not sure	2%
Dual Foster-Adoption status	%
Foster parent verified to foster and adopt children	81%
Foster parent is verified to foster children	14%
Foster parent not sure	5%

Source: [DFPS Foster Parent Resources Study - September 2020 \(texas.gov\)](#)

When a child is first placed in a foster home, DFPS Rainbow Rooms are also utilized to provide basic care items such as food, clothing, hygiene products, school supplies, and infant care items. Foster parents can also utilize the Women, Infants, and Children (WIC) Program for infant care resources. There is currently no funding for the reimbursement costs related to health inspections,

fire inspections, FBI fingerprints, or pet vaccinations required during the verification process. Foster parents were surveyed to determine if they were able to access basic care resources when they needed them. The Relative and Other Designated Caregiver assistance program can be used if the family seeking verification is a kinship caregiver and staff work with families and the family’s community to seek resources that address remaining verification barriers.

Figure 3. Percent of Foster Parents Able to Access Resources for the Basic Care of Children in the Past 12 Months (N = 1460)



Source: [DFPS Foster Parent Resources Study - September 2020 \(texas.gov\)](https://www.texas.gov/newsroom/2020/09/23/dfps-foster-parent-resources-study)

Most foster parents (52%) indicated that they successfully accessed help with costs related to meeting Minimum Standards for foster home.

Evidence Reviewed:

- Annual Progress and Services Report
- Texas HHSC Minimum Standards
- Texas HHSC Inspection Data
- Texas Administrative Code
- Texas Human Resource Code
- Foster Parent Resources Study

Summary of Performance

In CFSR Round 3, this item was found to be a strength. Texas has continued to ensure that standards are applied equally. Texas has minimum standards written in statute and has a centralized licensing agency to ensure all applications are held to the same standard. Texas has assessed the state’s performance on Item 33: Standards Applied Equally in CFSR Round 4 to be a **strength**. Texas has assessed the state’s performance on the Foster and Adoptive Parent Licensing, Recruitment, and Retention systemic factor to be in **substantial conformity**.

Item 34: Requirements for Criminal Background Checks

Texas has assessed the state's performance on Item 34: Requirements for Criminal Background Checks in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Foster and Adoptive Parent Licensing, Recruitment, and Retention systemic factor to be in **substantial conformity**.

Analysis

Each child-placing agency (CPA) must request a background check for each current or prospective foster parent. Each child-placing agency must request a background check for each prospective adoptive parent seeking to adopt through the child-placing agency (Source: [HRC Chapter 42.056](#)). The CPA may request additional background checks on adoptive parents to comply with federal and state laws and rules. Texas Health and Human Services Commission (HHSC) Child Care Regulation (CCR) department conducts background checks to determine whether a background check subject's presence at the child care operation complies with federal law, state law, administrative rules and minimum standards in order to protect the health or safety of children.

CBCU staff communicate background check results to:

- the background check subject; and
- the operation that submitted the background check when the background check subject is a foster or adoptive parent or household member at a foster/adoptive home and the operation is a CPA.

All required background checks include a Central Registry check (See: [10121](#) Persons for Whom Operations Must Submit Requests for Background Checks). For the full list of required background checks, refer to: [10000, Background Checks | Texas Health and Human Services](#)

The types of criminal history and out-of-state background checks that CCR requires depends on:

- a. the type of operation submitting the request for a background check;
- b. the subject's role at the operation;
- c. whether the subject is supervised with children; and
- d. whether the subject has lived out of state in the five years prior to the background check request.

The different types of background checks are described in the following table:

Type of Background Check	Description of Background Check
(1) Fingerprint-based criminal history check	<p>A comparative search between the fingerprints of the subject of the background check and the:</p> <p>(A) DPS database of arrests for alleged crimes committed in Texas and dispositions; (B) FBI database of arrests for alleged crimes committed anywhere in the United States and Territories and dispositions; (C) DPS database of the Texas sex offender registry; and (D) FBI database of the National Sex Offender Registry.</p>
(2) Name-based Texas criminal history check	<p>A comparative search between the subject's name and the:</p> <p>(A) DPS database of arrests for alleged crimes committed in Texas and dispositions; and (B) DPS database for the Texas sex offender registry.</p>
(3) Central Registry check	<p>A comparative search between the subject's name and the Central Registry.</p>
(4) Out-of-state criminal history check	<p>A comparative search between the subject's name or fingerprints and another state's or territory's database of arrests for alleged crimes committed in the other state or territory and dispositions. *Applies to Daycare Providers</p>
(5) Out-of-state child abuse and neglect registry check	<p>A comparative search between the subject's name and another state's or territory's database of persons who have been found to have abused or neglected a child.</p>
(6) Out-of-state sex offender registry check	<p>A comparative search between the subject's name and another state's or territory's sex offender registry.</p>
(7) National Sex Offender Registry check	<p>A comparative search between the subject's name and the National Sex Offender Registry. This name-based check is separate from the check of the National Sex Offender Registry that is included in the fingerprint- based criminal history check. *Applies to Daycare Providers</p>

Figure: 26 TAC §745.607

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In July 2022 (revised in March 2023), Texas HHSC Child Care Regulation composed a document titled *Background Check Rules* that provides the process, policy, statute, and answers frequently asked questions (Source: [Background Check Rules \(texas.gov\)](https://www.texas.gov/background-check-rules)). The rules within this document reflect the minimum standards for background checks outlined in [26 TAC Chapter 745, Subchapter F](#). The document provides minimum standards on the following:

- Requesting Background Checks,
- Determinations Regarding Background Checks,
- Criminal History, Sex Offender Registry, and Child Abuse or Neglect Finding,
- Evaluation of Risk Because of Criminal History or a Child Abuse or Neglect Finding,
- Designated and Sustained Perpetrators of Child Abuse or Neglect,
- Immediate Threat or Danger to the Health or Safety of Children,
- Administrator’s Licensing

The CBCU uses [26 TAC §745.661](#) and [26 TAC §745.671](#) to determine the background check subject’s eligibility to be present at a regulated childcare operation, based on the results of their background check. If the background check results allow the background check subject to be present/affiliated with a regulated operation, the CPA makes the decision to license the home.

Depending on the results of the background check, the background check subject may be required to complete a risk evaluation prior to having access to children in regulated childcare. The background check results that require a risk evaluation are outlined within [26 TAC §745.661](#) and [26 TAC §745.671](#). Additional requirements regarding risk evaluations are found within [26 TAC §§745.681-745.699](#). The CBCU also reviews background check results to determine if the background check subject is an immediate threat to the health and safety of children, using factors outlined in [26 TAC §745.751](#).

Residential Childcare Background Checks for Foster and/or Adoptive Parents

September 1, 2021 - August 31, 2023

Data as of 12/10/2023 - Report Created 12/11/2023

Background Check Activity	Fiscal Year 2022		Fiscal Year 2023	
	Relative/Fictive Kin Foster/Adoptive Parents	Unrelated Foster/Adoptive Parents	Relative/Fictive Kin Foster/Adoptive Parents	Unrelated Foster and/or Adoptive Parents
Background Checks Submitted ¹	5,139	19,871	4,737	18,270
Eligible Background Check Result	3,639	16,324	3,421	15,156
Ineligible Background Check Result	190	343	185	226
Risk Evaluations Completed	175	145	152	114
Risk Evaluation Results - Conditional	170	141	143	106
Risk Evaluation Results - Eligible	0	0	1	1
Risk Evaluation Results - Ineligible	5	4	8	7

¹ The count of Background Checks Submitted includes all eligibility statuses: Eligible, Ineligible, Conditional, Provisional, Cancelled, and Pending.

Since the last Child and Family Services Review, significant changes were made to the background checks required for Child Care Regulation. In 2019, the additional check types of the Out-of-State Child Abuse and Neglect Registry Check (OSAN) and the Out-of-State Sex Offender (OSSO) Registry Check were added to the required background check types for Residential Care

Operations. Prior to 2019, CPAs were responsible for obtaining the OSAN check results from other states and territories when the prospective foster or adoptive parent lived in another US state or territory in the five years prior to the background check. In 2019, the CBCU became responsible for completing both the OSAN and OSSO when the prospective foster or adoptive parent lived in another US state or territory in the five years prior to the background check. Additionally, background check results were previously provided only to the regulated childcare operation that requested the background check. In 2019, processes changed where only the background check subject receives the results and the only childcare operation that receives the background check results is a CPA if the subject is a foster/adoptive parent or household member.

Monitoring Operations for Compliance with Background Check Requirements

During inspections and investigations, the CCR monitoring inspector determines if the operation is complying with all background check requirements, including:

- a. Submitting background check requests for all persons required to have a background check according to the appropriate time frames;
- b. Ensuring that persons who are present at the operation have an eligibility determination of “Eligible,” “Eligible with Conditions” or “Provisionally Eligible with Conditions”;
- c. Adhering to conditions placed on a person’s presence at an operation;
- d. Inactivating a person’s role or employment; and
- e. Validating the operation’s employee list.

Source: [10700, Monitoring Operations for Compliance with Background Check Requirements | Texas Health and Human Services](#)

When conducting application, initial and monitoring inspections, the CCR monitoring inspector asks the operation for a list of all persons at the operation who are required to have a background check (See: [10121](#) Persons for Whom Operations Must Submit Requests for Background Checks and [10122](#) Persons for Whom Operations Do Not Submit Requests for Background Checks). For child-placing agencies, this list must include any foster or adoptive parents who have been verified or approved since the last inspection, including household members ages 14 years and older. The CCR monitoring inspector then compares this list with the *People List* in CLASS or CLASSMate. During investigations, CCR monitoring inspectors compare principals and collaterals with the *People List*.

The purpose of these comparisons is to determine compliance with background check requirements, including whether the operation:

- a. failed to submit any names timely (including renewal checks);
- b. allowed anyone with a *Pending* employment status to be present at the operation unless the subject is present for the sole purpose of attending orientation or preservice training and does not have contact with children in care;
- c. is complying with conditions placed on a subject’s presence; and
- d. has allowed anyone who is ineligible to be present at the operation.

Source: [10711, Determining Whether the Operation Submitted All Required Checks |Texas Health and Human Services](#)

Evidence Reviewed:

- Annual Progress and Services Report
- Texas Child Care Regulation Handbook
- Texas Administrative Code

Summary of Performance

Texas has assessed the state's performance on Item 34: Requirements for Criminal Background Checks in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Foster and Adoptive Parent Licensing, Recruitment, and Retention systemic factor to be in **substantial conformity**.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

In CFSR Round 3, Item 35: Diligent Recruitment of Foster and Adoptive Homes was found to be an area needing improvement. Although Texas has continued to make efforts to recruit appropriate foster and adoptive homes, Texas has identified Item 35 in CFSR Round 4 to be an **area needing improvement**. Texas has assessed the state's performance on the Foster and Adoptive Parent Licensing, Recruitment, and Retention systemic factor to be in **substantial conformity**.

Analysis

DFPS maintains a contract with Texas Foster Family Association (TFFA) to recruit and provide training opportunities to Texas foster families to promote the well-being of children in foster care. The TFFA also assists in providing training opportunities and support to adoptive, kinship, and General Residential Operation/Residential Treatment Center caregivers across the state. This non-profit organization holds an annual training conference, co-sponsors regional training and recruitment events, and provides information to members via a public website, www.tffa.org, and social media (the Texas Foster Family Association Facebook page, regional foster parent Facebook pages, and the Texas Foster Care Association's "X" or Twitter and Instagram accounts.)

The TFFA Board is made up of foster parents, a DFPS State Office liaison, private child-placing agencies, as well as former foster parents who serve on the Executive Committee and head other committees. SSCC representatives are invited to join TFFA if they choose and run for a position on the board. The full board and Executive Committee hold at least three meetings per year to ensure goals are set, communication between participants occurs, and productive relationships between foster families and staff are increased. The DFPS State Office liaison, foster parents, and private-agency staff review propose policies and make recommendations to improve foster family recruitment and retention and services to children in foster care. Input is incorporated into the agency's strategic and programmatic planning process.

DFPS maintains a contract with the Texas Council on Adoptable Children (COAC), which is a statewide organization whose purpose is to connect, train, engage, and support adoptive families for the purpose of maintaining and unifying a successful adoptive family. COAC also helps adoptive families adjust to adoption and cope with any history of abuse and trauma to the child. This support is provided through a COAC State Board and regional branches throughout the state. The State Board meets at least twice, but as many as four times a year with a liaison from DFPS to review current policies and provide feedback on the needs of adoptive families. Members of the organization advocate and share information with DFPS regarding issues of concern to adoptive parents and their families. COAC holds events to provide support and community for their adoptive families. During these events, COAC also provides specialized training for their adoptive children and parents.

In 2020-2021, DFPS updated its *Why Not You?* recruitment campaign materials. In 2022-2023, DFPS utilized CAPTA funds to purchase an abundance of foster/adoption recruitment items and foster/adoption support materials, distributed to DFPS Foster and Adoptive Development (FAD) staff and DFPS and Community-Based Care Adoption staff throughout the state. The FAD regions

Section IV- Assessment of Systemic Factors

transitioning to Community Based Care were instructed to disperse any remaining materials to their local CASA and foster parent organizations.

Community stakeholders and organizations collaborate with DFPS and SSCCs and host adoption matching events to help recruit foster and adoptive homes for children in DFPS care. Local organizations use Memorandums of Understanding to assist with targeted recruitment in areas where children reside and seek local permanent homes, foster placements, and respite care.

Despite the efforts described above, Texas continues to experience challenges in recruitment of foster and adoptive homes able to meet the needs of children in conservatorship. Community-Based Care expansion of multiple providers/regions occurring closely can slow down capacity building during the early stages of transition. Ultimately, as Community-Based Care expands, the number of DFPS agency homes decreases and the CBC provider builds their own capacity to meet the needs of the youth locally.

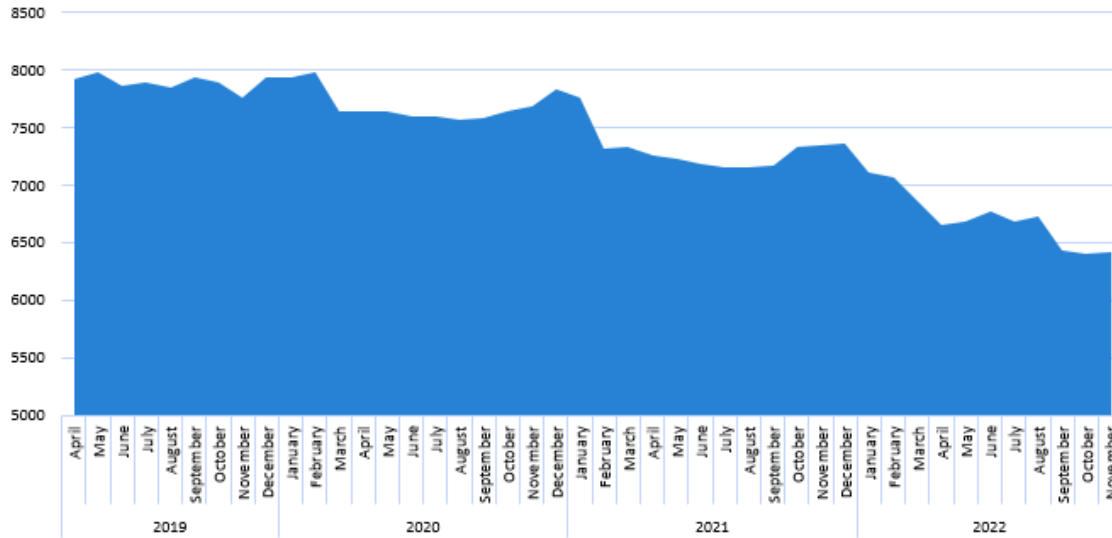
The data below demonstrates the decrease in foster and adoptive homes, statewide, over Fiscal Year 2023 as one catchment area moved into stage II and three other catchment areas were awarded.

	DFPS Agency Homes	Private Agency Homes
Sep-22	527	8546
Oct-22	515	8481
Nov-22	505	8392
Dec-22	489	8321
Jan-23	477	8152
Feb-23	458	8010
Mar-23	458	7931
Apr-23	426	7795
May-23	420	7495
Jun-23	403	7418
Jul-23	358	7383
Aug-23	302	7331

Source: Data Warehouse- fad_09 DFPS Agency Homes vs. Private Agency Homes

The data below further demonstrates the state’s General Residential Operation (GRO) capacity over time. In the November 2023, the Committee on Advancing Residential Practices (CARP) engaged in a discussion around the challenges of recruiting and retaining foster and adoptive homes. Committee members shared multiple factors they believe are affecting recruitment and retention. These factors include the increasing population of youth with complex needs and a changing population of prospective foster and adoptive parents. Members believe individuals who are older and have long term experiences have decreased, with new prospective families committing to shorter time periods, having advanced education (i.e., nurses, doctors, etc.), and increasingly working outside of the home.

General Residential Operation: Capacity Over Time:
 April 2019 – November 2022



Source: [Presentation to the House Committee on Human Services, February 28, 2023 \(texas.gov\)](#)

During the November 2023 Public Private Partnership stakeholder meeting, SSCC providers discussed their efforts to recruit capacity. Providers were asked about their efforts in recruiting providers from out of state to open operations in Texas. SSCC providers shared the barriers they encountered related to the operations cost and available space to setup an operation in Texas. Additional feedback indicated concerns related to the regulatory environment in Texas.

In Fiscal Year 2023, DFPS completed and published a disproportionality and disparity analysis of youth in conservatorship in fiscal years 2022 and 2023. This analysis was completed at the statewide and county levels. Statewide, the largest disparity was seen in African American children, who are 1.9 times more likely to be reported, 2.1 times more likely to be investigated, and 1.8 times more likely to be removed than White children. The disparity between African American children and White children is slightly higher in FY2023 compared to FY2022. For African American children investigated or removed, the disparity index increased by 0.1 from FY2022 to FY2023. The full report can be accessed through the following link: [Fiscal Year 2023 Disproportionality and Disparity Analysis \(texas.gov\)](#)

In 2020, a foster parent resource study was conducted. The survey was sent to 10,621 active foster families. 1,460 of the 1,811 surveys were received upon review and analyzed. Of the respondents, 14% were African American while 68% of respondents were White.

Table 2. Survey Respondent Demographics (N = 1460)

Race	%
White	68%
Black or African American	14%
Asian	1%
Native American or American Indian	0%
Native Hawaiian or other Pacific Islander	0%
Two or more races	3%
Prefer to describe race	2%
Did not answer	12%
Hispanic Origin	%
Of Hispanic Origin	16%
Not of Hispanic Origin	72%
Did not answer	12%

Source: [DFPS Foster Parent Resources Study - September 2020 \(texas.gov\)](https://www.texas.gov)

In the November 2023, the Committee on Advancing Residential Practices (CARP) engaged in a discussion regarding recruitment of foster and adoptive parents and identified the need to have more African American foster and adoptive parents.

Improvement Efforts

Texas Permanency Outcomes Project (TXPOP)

In collaboration with DFPS, The University of Texas implemented a federal grant, the Texas Permanency Outcomes Project or TXPOP. TXPOP develops sustainable best practices utilized by child welfare agencies across Texas to connect children to their birth families, regardless of their permanency outcome. TXPOP has a three-pronged approach: TXPOP Practice Model, Statewide Capacity Building, and System Engagement. As it pertains to capacity building, TXPOP provides trainings and support to professionals with certificates in child welfare and child protection services from the Steve Hicks School of Social Work. TXPOP also offers an online resource hub that provides child welfare workers with resources, tools, and materials on engaging birth families and ensuring the child’s voice is at the heart of the work. TXPOP has developed a multimedia campaign for foster, adoptive and kinship caregivers called [Compassionate Caregivers](#). This campaign provides resources and tools on how to engage with a child’s family in a meaningful way.

Source: [Texas Permanency Outcomes Project \(TXPOP\) - Texas Institute for Child & Family Wellbeing \(utexas.edu\)](https://www.utexas.edu)

SSCC Joint Capacity Building

In the 87th Texas Legislature, Single Source Continuum Contractors (SSCCs) were provided funding designed to implement a joint capacity building plan to address inadequate placement capacity for children in substitute care. The plan was meant to build quality capacity to strengthen the system and advance the goals of Community-Based Care in improving child safety, permanency, and well-being outcomes. The project goals are to create new capacity, engage top

national programs in serving youth with complex needs, obtain specialized consultation and support for providers, recruitment for foster parents, and support expansion of kinship and reunification services. In late 2021, the SSCCs contracted with the Texas Center for Child and Family Studies (the Center), a supporting arm of the Texas Alliance of Child and Family Services (TACFS), to evaluate the implementation and outcomes of the SSCC joint capacity building projects. The evaluation launched in January 2022 and concluded in August 2023. In collaboration with TACFS and the consulting firm Daley Solutions, the SSCCs implemented targeted online foster parent recruitment toward the goal of recruiting and licensing new foster families in each SSCC catchment. The effort utilized social media advertising campaigns and a dedicated recruitment website, FosterTX.

- FosterTX reached over 2,200 potential foster parent leads and connected nearly 500 prospective foster parents statewide with valuable information and a clear path to becoming licensed with a local child placing agency.
- Important lessons were learned in this process that the SSCCs can use moving forward.

Kinship

The agency continues to emphasize kinship placements when appropriate. DFPS continues to support kinship placements and evaluate ways to increase these placements. Per Senate Bill 593 of the 88th Regular Session, the Health and Human Services Commission (HHSC) and the Department of Family and Protective Services (DFPS) will contract with a vendor to provide an assessment of foster care and adoption rules and regulations and provide recommendations for how the state may streamline regulations while both prioritizing child safety and reducing barriers to entry for potential child-placing agencies, residential child-care facilities, foster families, kinship families, and adoptive families. New federal rules were released in October 2023 providing recommendations and guidelines related to provisional licenses for Kinship, including Fictive Kinship, caregivers.

These federal rules include creating a separate set of standards and regulations to these caregivers. CPS is currently working alongside HHSC to ensure an implementation to these rules and recommendations.

Texas Child-Centered Care

The existing Service Level System has been in place for 35 years. With the support of Legislative appropriation received in 2023, Texas is transitioning to a new child-centered system. Texas is currently developing required infrastructure to be completed by December 2024. Beginning in January 2025 children and youth will transition to the new foster care continuum, with the plan for all children being served by August 2027. The goal of Texas Child-Centered Care (T3C) is to improve outcomes for children, youth, and young adults through the establishment of a well-defined service continuum that meets the needs of the foster care population and recognizes and compensates the caregiver for delivering high-quality services. Source: [Foster Care Rate Modernization Semi-Annual Progress Report, August 2023 \(texas.gov\)](#)

Evidence Reviewed:

- Annual Progress and Services Report
- DFPS Data Warehouse
- DFPS 2023 Presentation to House Committee on Human Services
- Foster Care Rate Modernization Progress Report
- Stakeholder Feedback from Public Private Partnership
- Stakeholder Feedback from the Committee Advancing Residential Providers

Summary of Performance

Over the last three years, the Texas child welfare system has experienced a loss of capacity due to the changing needs of the children entering foster care. Youth entering care have high acuity needs requiring specialized services. In addition, Texas is implementing Community-Based Care statewide, transitioning capacity for homes serving children with basic service level needs from DFPS agency homes to private Child Placing Agencies. Many strategies are underway in an effort to recruit and retain foster and adoptive homes that are able to meet the needs of the children in DFPS conservatorship. Although Texas has continued to make efforts to recruit appropriate foster and adoptive homes, Texas has identified Item 35 in CFSR Round 4 to be an **area needing improvement**. Texas has assessed the state's performance on the Foster and Adoptive Parent Licensing, Recruitment, and Retention systemic factor to be in **substantial conformity**.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Texas uses the Texas Adoption Resource Exchange to assist in matching youth with prospective adoptive parents across the state and across the county. In addition, Texas has enhanced the response time for completing home study requests. Texas has assessed the state's performance on Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placement in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Foster and Adoptive Parent Licensing, Recruitment, and Retention systemic factor to be in **substantial conformity**.

Analysis

The Interstate Compact on the Placement of Children is a uniform law enacted by all fifty states, the District of Columbia and the US Virgin Islands. The Purpose of the Interstate Compact on the Placement of Children is to ensure that children placed out of their custodial home state receive the same protections and services that would be provided if they remained in their custodial home state.

State Office Interstate Compact on the Placement of Children (ICPC) specialists process incoming and outgoing home study requests, home study decisions, placement 100B's and supervision reports. State Office ICPC provides DFPS/SSCC field staff with training related to submitting a home study request, placing children out of state and guidance on Interstate Compact on the Placement of Children policy and regulations.

There are barriers to the use of cross jurisdictional resources that delay placement across state lines and permanency for children. One barrier is the completion of parent, relative, foster and adoption home studies to include the completion of foster and adoptive licensing requirements. Completion of a home study is contingent upon obtaining FBI, child welfare and DPS background checks timely, available staff to conduct and complete home studies and accessible training to become a licensed and approved foster or adoptive family.

To assure that Texas children receive prompt permanent placements, out of state families studied for foster or adoption will be considered for placement on an equal basis with families studied by the agency and living in the same geographic area. The selection of a family is based on the best interests of the child.

The Safe and Timely Interstate Placement of Foster Children Act of 2006 contains assurances that the State will make effective use of cross-jurisdictional resources to facilitate timely foster and adoptive or permanent placements for children. Each state is required to complete a preliminary report on foster and adoptive home studies requested by another State within 60 days. An exception to the 60-day requirement is provided if the State's failure to complete the home study within 60 days is due to circumstances beyond the State's control (e.g., delays in receipt of Federal agency background checks). This exception gives the State 15 more days to complete and report on the home study. The parts of the home study involving education and training of prospective foster and adoptive parents do not have to be completed within the same 60 (or 75) day timeframe.

Section IV- Assessment of Systemic Factors

The data below illustrates the incoming public requests and the amount of those studies that are completed within 60 days.

	FY23-Q1	FY23-Q2	FY23-Q3	FY23-Q4
Parent	82	75	63	67
Relative	143	165	163	155
Public Adoption	63	44	0	0
Foster Care	119	183	144	146
Residential Treatment Center	23	31	42	33
Total	430	498	412	401
% of studies done in 30 days	33.40%	42.60%	48.30%	75.90%
% of studies done in 31-60 days	18.50%	19.10%	25.50%	15.20%
Total % completed in 60 days	51.90%	61.70%	73.80%	91.10%

Over the last fiscal year, Texas has showed improvement by ensuring that home studies are completed within the 60-day timeframe provided and is currently performing at 91.1% in the most recent quarter. The home study requests received through the Texas Interstate Compact Office are separated into three distinct categories: Parent/Relative, Foster Care, and Adoption.

Texas, as a Compact member state, sends and receives requests from all 50 states, the District of Columbia and the U.S. Virgin Islands. **The data below illustrates the total amount of home study requests processed by the Texas Interstate Compact Office for FY 2023 (September 1, 2022 to August 31, 2023):**

Type of Request	Texas is the Receiving State	Texas is the Sending State
Parent/Relative	960	767
Adoption	126	224
Foster	493	441
Total	1579	1432

In Federal Fiscal Year 2022, Texas sent 2,069 outgoing requests. Of those requests, 736 were for relative placements and 353 were for public adoptions. The other requests were for parents, foster care placements, and residential treatment centers. 280 private adoptions were completed out of the state. In Federal Fiscal Year 2023, Texas sent 1,646 outgoing requests. Of those requests, 670 were for relative placements and 170 were for public adoptions. 150 private adoptions were completed out of the state (Source: Data Warehouse Report: AAICPC Interstate Data Form Reporting- icpc_01).

Texas participated, with other states, in the federal transition from the ICAMA Blue Iron system to the ICAMA eCARE Vault, which occurred in September 2023. Designed to better serve

families with youth subject to an adoption assistance agreement from Texas and located in other states or entering Texas from another state, all CPS adoption assistance specialists statewide have been trained to use the newly designed system.

The Texas Adoption Resource Exchange ([TARE Home \(texas.gov\)](https://www.tarehome.com)) is an online tool that helps match adoptive parents and children awaiting adoption. It allows prospective adoptive parents to quickly and easily give DFPS information regarding their adoption preferences and interest in adopting a child from Texas. DFPS staff can then look at the family's profile and adoption preferences, including child characteristics, family skills, and whether prospective adoptive parents are willing to parent a child with a disability. Once the family creates a login profile for Texas Adoption Resource Exchange, they can request information about children who are available for adoption. They can also view their status and get updates on inquiries made on children listed in Texas Adoption Resource Exchange.

The Texas Adoption Resource Exchange website provides:

- Steps and requirements for becoming an adoptive parent.
- Lists of upcoming adoption meetings in the area.
- Lists of private adoption agencies in the area.
- The ability to search for children waiting to be adopted.

The TARE online system is currently undergoing an enhancement to make the system more user friendly. The TARE contractors anticipate completion of this project in 2025. DFPS continues to utilize national social media platforms (Facebook and Instagram), as well.

Evidence Reviewed:

- Annual Progress and Services Report
- DFPS Administrative Data
- Texas Adoption Resource Exchange website
- eCARE Vault materials

Summary of Performance:

In CFSR Round 3, this item was found to be an area needing improvement. Texas not only maintains but is enhancing the Texas Adoption Resource Exchange that assists in matching youth with prospective adoptive parents across the state and county. In an effort to facilitate placements, Texas has made improvement by ensuring home studies are completed in a timely manner. Texas has assessed the state's performance on Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placement in CFSR Round 4 to be a **strength**. Texas has assessed the state's performance on the Foster and Adoptive Parent Licensing, Recruitment, and Retention systemic factor to be in **substantial conformity**.

Appendix: CFSR State Data Profile



Texas
Child and Family Services Review (CFSR 4) Data Profile
AFCARS and NCANDS submissions as of 12-21-22

February 2023

Risk-Standardized Performance

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

National Performance		18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Permanency in 12 months (entries)	RSP	38.4%	37.7%	36.3%	33.6%	32.6%	35.0%			
	RSP interval	37.7%-39.0% ¹	37.0%-38.4% ¹	35.6%-37.0% ¹	32.9%-34.3% ¹	31.9%-33.4% ³	34.2%-35.7% ²			
	Data used	18A-20A	18B-20B	19A-21A	19B-21B	20A-22A	20B-22B			
Permanency in 12 months (12-23 mos)	RSP				59.5%	59.7%	58.2%	58.7%	60.2%	60.4%
	RSP interval				58.5%-60.5% ¹	58.8%-60.7% ¹	57.2%-59.2% ¹	57.7%-59.7% ¹	59.2%-61.2% ¹	59.3%-61.4% ¹
	Data used				19B-20A	20A-20B	20B-21A	21A-21B	21B-22A	22A-22B
Permanency in 12 months (24+ mos)	RSP				36.7%	35.1%	35.7%			
	RSP interval				35.5%-37.9% ²	34.0%-36.3% ³	34.6%-36.9% ³	34.8%-37.1% ³	36.2%-38.5% ²	36.9%-39.1% ²
	Data used				19B-20A	20A-20B	20B-21A	21A-21B	21B-22A	22A-22B
Reentry to foster care	RSP		3.8%	3.6%	3.4%	3.8%	3.1%	2.3%		
	RSP interval		3.4%-4.1% ¹	3.3%-4.0% ¹	3.1%-3.8% ¹	3.4%-4.1% ¹	2.7%-3.4% ¹	2.0%-2.6% ¹		
	Data used		18B-20A	19A-20B	19B-21A	20A-21B	20B-22A	21A-22B		
Placement stability (moves/1,000 days in care)	RSP				4.32	4.31	4.34	4.58	4.43	5.20
	RSP interval				4.24-4.39 ¹	4.23-4.39 ¹	4.27-4.42 ¹	4.5-4.66 ³	4.34-4.52 ²	5.08-5.32 ¹
	Data used				19B-20A	20A-20B	20B-21A	21A-21B	21B-22A	22A-22B
Maltreatment in care (victimizations/100,000 days in care)	RSP		18AB,FY18	19AB,FY19	20AB,FY20	FY18-19	FY19-20	FY20-21		
	RSP interval		10.82	10.97	13.47					
	Data used		10.15-11.53 ³	10.28-11.69 ³	12.7-14.3 ³					
Recurrence of maltreatment	RSP					7.2%	7.2%	7.9%		
	RSP interval					6.9%-7.4% ¹	7.0%-7.5% ¹	7.7%-8.2% ¹		
	Data used					FY18-19	FY19-20	FY20-21		

Performance Key

- ¹ State's performance (using RSP interval) is statistically better than national performance.
- ² State's performance (using RSP interval) is statistically no different than national performance.
- ³ State's performance (using RSP interval) is statistically worse than national performance.

DQ Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. See footnotes for more information.

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.