



Texas Department of
Family and Protective Services

A Way Forward



Address the *changing landscape* of the child protection system



Continuously improving to promote *safe & healthy families*



Strengthening, supporting, and retaining our *workforce*

FY 2024
January 2024

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A Letter from the Commissioner

It is with great pride and a deep sense of purpose that — on the anniversary of my first year — I present the Department of Family and Protective Services (DFPS) Annual Plan, “A Way Forward.” This is more than a plan, as we are already deep into many of these initiatives. “A Way Forward” details our latest efforts to accomplish our mission and fulfill our collective commitment to the well-being of children, families, and vulnerable adults across our great state.

Child Protection Evolution

In our pursuit of excellence, we recognize that child protection is constantly evolving. Our foremost commitment is to adapt to changing circumstances while continuing to improve the quality of our work. This ensures that the services we provide are not only effective, but also responsive to the unique needs of each child in our care. This constant evolution necessitates continuous learning, innovation, and a steadfast dedication to the betterment of our system.

Strengthening Families and Communities

Strong families are the bedrock of a healthy, thriving society, and we must pour heart and soul into them. By offering comprehensive support, guidance, and resources, we work to empower families in their journey toward stability and self-sufficiency. Also, we understand that flourishing communities provide essential pillars of support, and we are resolute in our commitment to forge meaningful partnerships that uplift neighborhoods and create the conditions conducive to growth.

Support and Retain Workforce

Our dedicated professionals breathe life into this agency, working around the clock to protect children and vulnerable adults from abuse, neglect, and exploitation. It is imperative that we foster an environment that nurtures their skills, recognizes their contributions, and provides clear pathways for growth and advancement. By investing in the professional development and well-being of our employees, we ensure they are equipped with the training and tools necessary to accomplish our life-saving mission.

Addressing Children Without Placement

Among the most urgent challenges we face is the lack of suitable placements for children in our care. By bolstering our network of caring, licensed providers, and exploring innovative solutions, we can help each child have a safe, nurturing environment.

As we embark on this journey, I extend my deepest gratitude to each of you for your support of DFPS, its people, and its mission. Together, we can change lives.

Commissioner Stephanie Muth

Executive Summary

The DFPS Annual Plan is a framework that clearly prioritizes and guides our work in the 2024 fiscal year. In addition to setting out prioritized initiatives and goals, it helps guide the agency as we continue working with communities to protect the most vulnerable in our state.

The plan allows DFPS to share a transparent roadmap with stakeholders, including our employees, legislators, external partners, and communities across the state. It connects our vision — *improving the lives of those we serve* — to our priorities and work.

With input from agency staff, executive leadership identified three primary agency goals that serve as the foundation of the plan's roadmap.

1. Child Protection Evolution
2. Strengthening Families and Communities
3. Support and Retain Workforce

Child Protection Evolution encompasses a multitude of efforts to address the changing landscape of the child protection system. This goal includes:

- Community-Based Care Expansion
- Texas Child-Centered Care (T3C)
- Business Process Redesign
- Alternative Response Expansion
- Improve Mandatory Reporting in the State of Texas through Training and Resources

Strengthening Families and Communities initiatives underscore DFPS's commitment to continuously improving to promote safe and healthy families. This goal includes:

- I. Expand Support for Screening Functions.
 - Increased Support for Screening
- II. Meet the Growing Needs of Vulnerable Adults.
 - Adult Protective Services (APS) Financial Exploitation Specialization
 - APS Complex Service Delivery Unit Pilot
- III. Meet the Growing Needs of Children and Families.
 - Enhance and Expand Behavioral Health Services
 - Capacity Stabilization, Development, and Child Watch Mitigation
 - Capacity Stabilization
 - HB 5 Capacity Grants
 - Treatment Foster Family Care
 - Qualified Residential Treatment Program
 - Temporary Emergency Placement (TEP) Program

- Intensive Psychiatric Stabilization Program
- Kinship Initiatives
- Transitional Living Programs
- Prevention and Early Intervention Services Transition
- Texas Family First Pilots

Support and Retain Workforce outlines the agency's commitment to strengthening the DFPS workforce and enhancing the agency's capacity to accomplish the mission. DFPS efforts aim to foster an environment to support the workforce that serves the most vulnerable Texans. This goal includes:

- Agency-wide Recruitment, Retention, and Wellness
- APS Retention Effort - *Training While Working*
- Statewide Intake Retention Effort - *Retention Initiative Steering Committee*

Goal 1: Child Protection Evolution

The nature of the child protection system requires that we continuously improve to better support children and families. This need for constant improvement means we must examine every aspect of our operations – from how we handle a report of suspected abuse or neglect, to the investigation of that allegation, to helping ensure the best outcomes for children who have been victims of abuse and neglect.

This goal encompasses multiple operational areas. It includes:

- Activities to help improve the understanding of how SWI evaluates information to determine how best to help.
- Reviews of our investigations process to maximize resources and the use of alternative responses to support families and avoid unnecessary disruption.
- Development and implementation of a new reimbursement and service provision structure for providers based on meeting the individual needs of a child.
- Continuing the aggressive expansion of Community-Based Care (CBC), which is a new model of care that empowers Texas communities to care for and serve *their* children who are in state conservatorship.

Beginning in 2010, DFPS launched an effort known as Foster Care Redesign (FCR), which enabled community providers to offer placement services and capacity/network development to serve children in foster care and kinship care, and their families, under a single source continuum contractor (SSCC). FCR was developed by DFPS, in partnership with stakeholders, as a community-based, shared-decision-making model that relied on collaboration between Child Protective Services (CPS) and the SSCC on individual cases.

Implementation of the CBC model moves the Texas child protection system from a statewide, "one-size-fits-all" approach to a community-based model designed to meet the individual and unique needs of children, youth, and families. CBC allows local communities to do this by tapping into the strengths and resources of each community. Communities have a deep understanding of the unique challenges faced by families in their areas and can design interventions that are sensitive and responsive in that local context.

In Fiscal Year (FY) 2022, 25 percent of children in state custody were served by a local SSCC. In FY 2024, CBC expanded to Regions 3 East, 4, and 5. Also in FY 2024, a Request for Application will be released to Regions 6A, 6B, 8A, and 10.

Community-Based Care Expansion

Initiative

Expand Community-Based Care across Texas

Lead Divisions

DFPS Community-Based Care Operations and the Office of Community-Based Care Transition

Background

In 2017, the Texas Legislature directed DFPS to contract with community-based nonprofits and local governments to provide child protection services. These services must include direct case management to ensure child safety, permanency, and well-being in accordance with state and federal child protection goals. Senate Bill 11 codified Community-Based Care (CBC) in Texas Family Code, Section 264.151, Subchapter B-1. The intent of the legislation is not to change the vital work done by caseworkers but to shift from a state-run child protection system to a community-based system with more flexibility. CBC provides many services that Child Protective Services (CPS) now provides, including foster care, case management, kinship care, and reunification services. A single organization, typically a nonprofit or local government, in each community area (usually a collection of counties) creates a network of services, foster homes, and other living arrangements for children and youth.

As CBC is implemented across the state, it will require coordination and collaboration with many DFPS divisions to ensure the successful transformation of child protection into our communities.

Contingent upon funding, the Office of Community-Based Care Transition (OCBCT) and DFPS seek to request the expansion of CBC across Texas. This includes four Stage I and four Stage II appropriations for each biennium through full implementation, now projected to be 2029. OCBCT is an independent agency that is administratively attached to DFPS and tasked with working alongside DFPS to implement CBC across the state.

Expansion

CBC is expanding in multiple stages to provide 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.
- 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 began 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.

During FY24, EMPOWER (Metroplex East, R3E), 4Kids4Families (Piney Woods, R4), and Texas Family Care Network (Deep East, R5) will move into Stage I and Stage II of CBC. Additionally, Saint Francis Ministries (Panhandle, R1), 2INgage (Big Country and Texoma, R2), and Our Community Our Kids (Metroplex West, R3W) will move into Stage III of CBC.

During FY24, a Request for Application (RFA) will be released for expansion of CBC into new designated community areas. Additionally, the Legislature has given DFPS the opportunity to accept unsolicited proposals for community areas that are not currently a part of an RFA or currently under an SSCC contract.

Key Actions

Spring 2024

- RFA for Regions 6A, 6B, 8A, and 10 is set to be released.
- Stage I expansion - EMPOWER, 4Kids4Families, and Texas Family Care Network are projected to begin Stage II.
- Stage III initiation – Saint Francis, 2INgage, and ACH/Our Community Our Kids are projected to begin Stage III.

Fiscal Year 2024

- Comprehensive review of the Readiness Review Tool, including milestones and deliverables to identify areas for improvement.
- Conduct end-to-end process mapping of CBC contract model.
- Conduct review of existing CBC contracting policies, procedures, guidance documents, templates, and manuals to ascertain gaps or deficiencies to be addressed.

Graphic of Community-Based Care Expansion by State Fiscal Year



Maturing the CBC Model

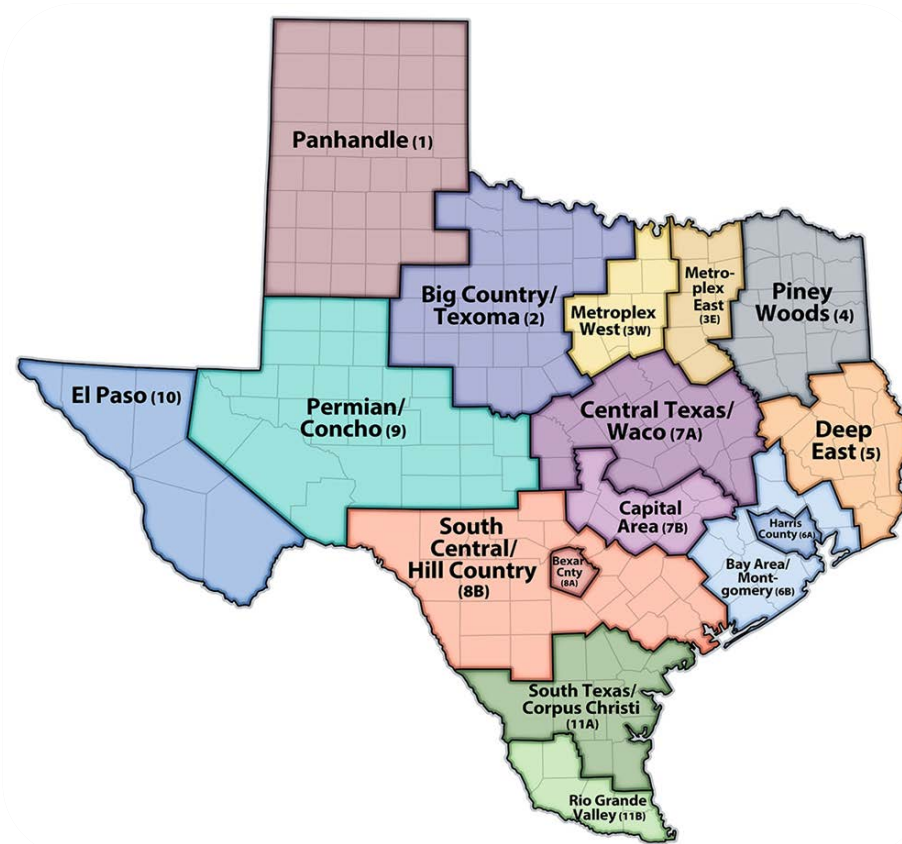
Under the CBC model, SSCCs have more flexibility than under the legacy model, and the emphasis of oversight is on performance. Instead of direct delivery, DFPS must develop and build additional expertise in running services through performance-based contracts. DFPS has established an Office of Community-Based Care Operations to create and mature processes and procedures related to contract administration and oversight. DFPS is maturing the infrastructure that supports the CBC model by building a framework of partnerships and accountability with the SSCCs.

Key Actions

Fiscal Year 2024

- Develop the “to be” vision for state office and regional structure in the CBC world.
- Mature contract processes and streamline communications and oversight.
- Advance interoperability and data exchanges with the SSCCs.
- Implement and continue to refine contract performance measures and thresholds.
- Collect comprehensive cost report data from the SSCCs, creating a foundation for a better-informed methodology to develop the financial model for CBC.

Geographic Information for Community-Based Care



Designated Community Area	County Name
Panhandle SSCC: Saint Francis Ministries	Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Robert, Sherman, Swisher, Terry, Wheeler, Yoakum
Big Country/Texoma SSCC: 2INGage	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young
Metroplex East SSCC: EMPOWER	Collin, Dallas, Ellis, Fannin, Grayson, Hunt, Kaufman, Navarro, and Rockwall.

Designated Community Area	County Name
Metroplex West SSCC: ACH/Our Community Our Kids	Cooke, Denton, Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, Wise
Piney Woods SSCC: 4Kids4Families	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red, River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood
Deep East SSCC: Texas Family Care Network	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler
Harris County	Harris
Bay Area/Montgomery	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
Central Texas/Waco	Bell, Bosque, Brazos, Coryell, Falls, Freestone, Grimes, Hamilton, Hill, Lampasas, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Williamson
Capital Area	Bastrop, Blanco, Burleson, Burnet, Caldwell, Fayette, Hays, Lee, Travis, Washington
Bexar County	Bexar
South Central/Hill Country SSCC: Belong	Atascosa, Bandera, Calhoun, Comal, De Witt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala
Permian/Concho	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, Martin, Mason, McCulloch, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler
El Paso	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio
South Texas/Corpus Christi	Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Webb
Rio Grande Valley	Cameron, Hidalgo, Jim Hogg, Starr, Willacy, Zapata

Texas Child-Centered Care (T3C)

Initiative

Begin implementation of the new foster care system transformation.

Lead Division

Office of Finance

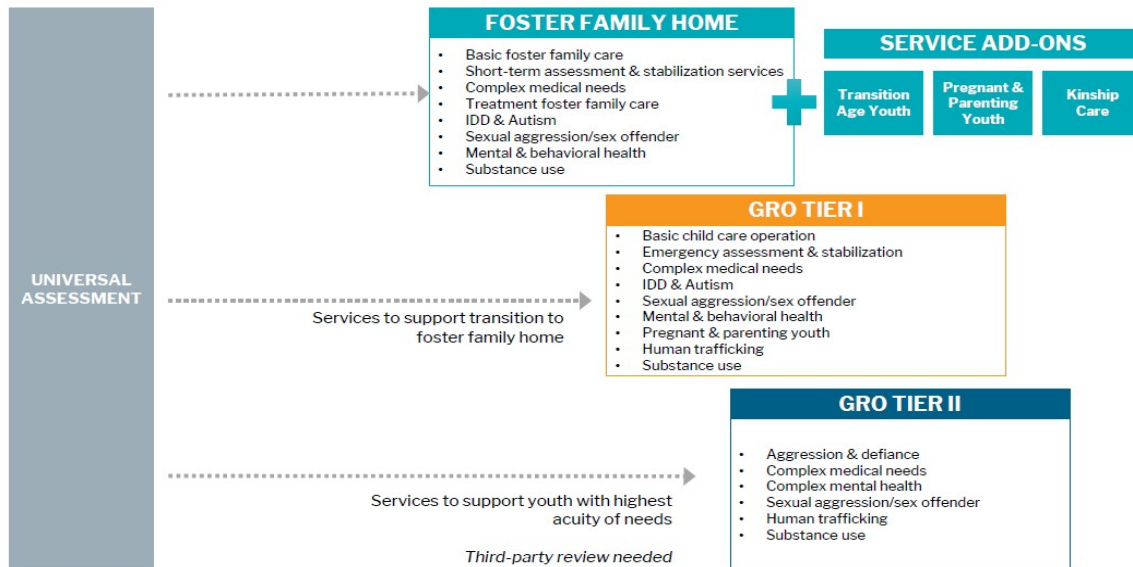
Background

The Texas Child-Centered Care (T3C) system represents a complete transformation of the foster care system. T3C is designed to improve outcomes for children, youth, and young adults by establishing a well-defined service continuum that meets the needs of the foster care population and compensates the caregiver for delivering high-quality services. This 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 foster care rate methodology that aligns payment with the cost of care. To successfully transition to T3C, modifications must be made to 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 to implement T3C is underway and estimated to take approximately 19 months (June 2023-December 2024).

Beginning in January 2025, children and youth will begin to transition under the new foster care continuum. DFPS anticipates that children receiving services like Basic and Treatment Foster Family Care will be the first to move to the new system, as these services are most closely aligned to what is offered today.

For other services that are brand new to the system, more time is 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 FY 2028.

New Foster Care Continuum



Key Actions

Fall 2023

- DFPS established the Project Management Office to oversee the infrastructure setup and transition process. System modifications, tool development, and establishment of universal screening and assessment processes for Child and Adolescent Needs and Strengths 3.0 began.

Winter 2023

- DFPS began developing policies, procedures, resource tools, and Texas Administrative Code (TAC) rule modification.
- Distributed \$8.45 million in grant funding to SSCCs and 24-hour residential child-care providers to support business model and infrastructure changes needed to implement the T3C system. Examples include updates to policy, procedures, and automated systems and the hiring and training of appropriate staff and caregivers.
- Technical assistance in the form of broadcasts, individual outreach, agency-supported webinars, and training plan development for providers. This will require continued partnership with both internal and external stakeholders to support successful transition to the T3C system.

Spring and Summer 2024

- Support the new T3C foster care continuum, which offers an array of foster care placement settings, 24 distinct service packages, and related daily rates.
- Meet Qualified Residential Treatment Program (QRTP) compliance to support Tier II services and allow for increased Title IV-E federal funding to the state.
- Assess readiness and credential existing providers so that they may offer one or more of the T3C service packages.

Business Process Redesign

Initiative

Evaluate the DFPS intake and child protective investigations process to assess its impact and ability to serve Texas children and families.

Lead Division

Chief Operating Officer

Background

Business process redesign describes the effort of capturing an organization's hidden capacity, reducing activities that do not add value, and decreasing cycle times required to process work. DFPS is contracting with a third-party entity to assess the investigations process, from intake and screening through investigative closure. Business process redesign goals include increasing the capacity of agency staff, ensuring consistency in investigations, and improving the overall quality of investigations.

A comprehensive review of the current business processes is a critical need for the agency because it will improve effectiveness, result in improved business outcomes, and lay the groundwork for future automation efforts. By continuously looking for the potential for improvement and innovation, DFPS strives to constantly improve client outcomes and delivery of services.

Key Actions

DFPS is developing the proposal for business process redesign. Once a vendor is selected, business process redesign is projected to occur over multiple phases. Parts of the redesign will occur in FY 2024, with additional phases occurring in FY 2025.

Fiscal Year 2024

- Request for Proposal released and vendor selection.
- Initial process review and business mapping.

Alternative Response Expansion

Initiative

Increase the number of families served through Alternative Response.

Lead Division

Child Protective Investigations

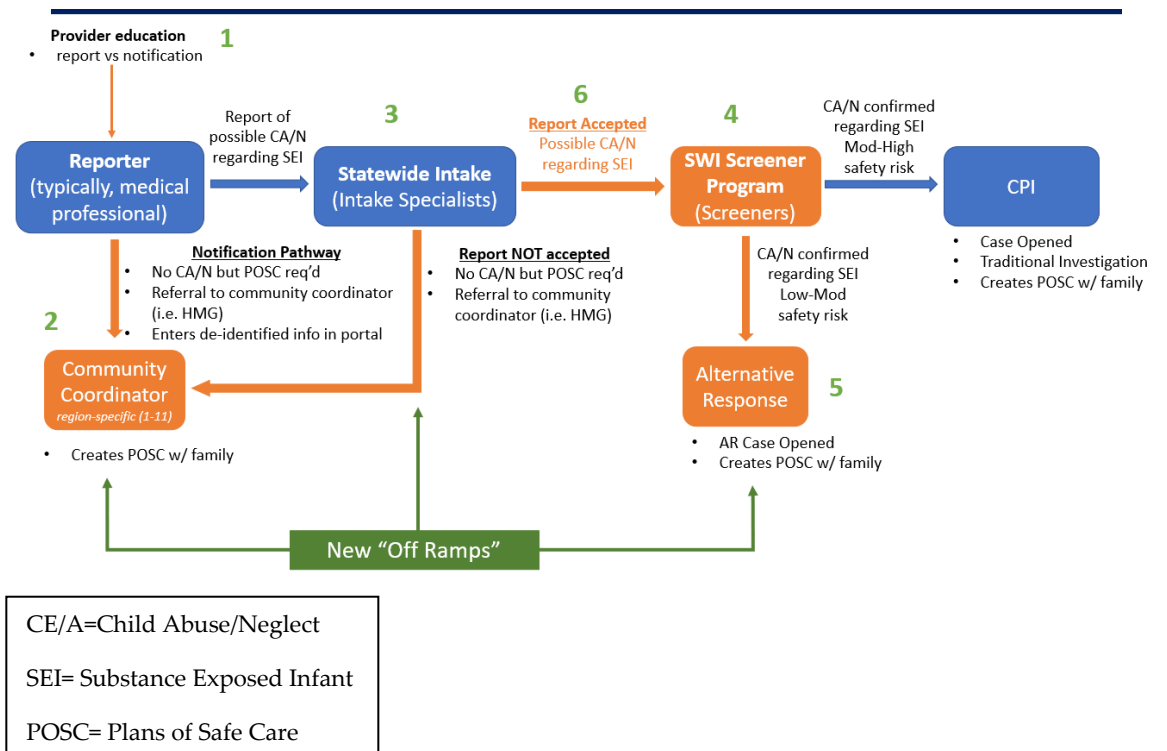
Background

Starting in the 1990s, the idea of child protection agencies using different models to respond to different types of cases emerged. Child protection agencies noticed most neglect cases referred for investigation did not show evidence of deliberate acts of harm, and formal investigations did little to help families meet their children's needs. Nationally, long-term success was seen when child protection systems sought to understand why parents could not safely care for their child, *then* provided services to address *those* problems. This process became known as differential response. Texas implemented a more comprehensive version of differential response — Alternative Response (AR). DFPS phased in AR between 2014 and 2021. The AR approach works with the family in a collaborative and non-judgmental manner, allowing DFPS to meet the needs of the family while keeping children safe. In AR, there is no alleged perpetrator, no disposition, and no entry into the Central Registry. Currently, 20 percent of cases assigned to investigations are designated for AR.

The goal for AR expansion is to increase the number of families served and reduce the number of families who go through a traditional investigation.

Expansion improves engagement with families — specifically, for those with younger children in the home — because the expansion and policy updates now provide AR to families that have children in the home under the age of 6. Generally, cases are eligible for AR if the allegations meet the criteria for abuse or neglect but don't require an immediate response to protect the child. Statewide Intake CPI screeners decide which stage of service the report goes to — AR or traditional investigations — by following a pathway assignment tool and policy guidelines. If the AR caseworker and supervisor determine the case is not appropriate for AR, the case will be worked as a traditional investigation.

Alternative Response Process



Key Actions

Fiscal Year 2024

- Create policy changes to reflect expansion efforts.
- Develop a data collection and assessment mechanism to review the progress made and identify any challenges in implementation.
- Cross-train all Child Protective Investigations staff to work AR cases.
- Pilot the new practices in a designated region to test all recommended changes in policies and practices, develop new screening processes, and establish all needed parameters related to AR expansion.
- Update the Texas Administrative Code through the rulemaking process to include alleged victims younger than 6.
- Divert intakes that meet certain criteria to alternative response for assessment and referrals to identified services.

Improve Mandatory Reporting in the State of Texas through Training and Resources

Initiative

Provide comprehensive resources and consistent messaging regarding mandatory reporting to DFPS.

Lead Division

Statewide Intake

Background

A significant number of reports received by Statewide Intake (SWI) do not meet the legal definition of abuse and neglect.

The revamping of the public-facing DFPS Mandatory Reporting course (a guide for professionals) includes an update of the legal definitions of abuse and neglect, potential signs of abuse and neglect, examples of appropriate prevention referrals, instructions for reporting by phone and online, and a call for prevention.

Reaching the correct audience is important for the Mandatory Reporting course. DFPS Faith-Based and Community Engagement (FBCE) staff statewide provide the Mandatory Reporting training in person and virtually upon request from professional groups and the general public.

FBCE will continue to provide Reporting 101 training quarterly via webinars. These trainings are also provided by local CPI supervisors and SWI screeners.

This initiative will better train reporters on the proper use of the electronic report system, reducing instances of incomplete information and sparse narratives that delay SWI.

By providing more detailed guidance and the legal definitions of abuse and neglect, DFPS jurisdiction in specific situations, and resources available prior to contacting DFPS, SWI hotline reports can be reduced.

Key Actions

Fall 2023

- SWI released the updated web-based training.
- Ongoing course availability notification and communication to stakeholders to reinforce course messaging and resource availability.

Goal 2: Strengthening Families and Communities

The Strengthening Families and Communities goal focuses on three critical areas:

- I. Expand Support for Screening Functions
- II. Meet the Growing Needs of Vulnerable Adults
- III. Meet the Growing Needs of Children and Families

By prioritizing reports and employing specialized screening resources, DFPS strives to ensure that every child's safety and well-being remains paramount. The enhanced capabilities of Adult Protective Services reflect dedication to safeguarding the welfare of the elderly and vulnerable adults. Establishing a dedicated behavioral health strategy team addresses the complex intersection of behavioral health issues within our communities, ensuring that families have access to the support they need. This includes strengthening existing resources and pioneering innovative strategies to enhance placement capacities and support in-home services. By fortifying these three areas of focus, DFPS continues efforts toward strengthening families and communities.

I. Expand Support for Screening Functions

DFPS staff must screen every call and review every report alleging child abuse and neglect to ensure the appropriate response or referral is made. We investigate only when DFPS is the responsible agency under the law and the child's need for protection warrants an investigation. By bolstering communication and knowledge-sharing about evolving policies and procedures, screeners support field staff.

Increased Support for Screening Initiative

Enhance collaborative relationships between Child Protective Investigations (CPI) and Residential Child Care Investigations (RCCI) field staff to increase communication and knowledge of changing policies and procedures.

Lead Division

Statewide Intake

Background

State law requires DFPS to maintain a flexible response system. The system requires DFPS to screen all reports of abuse and neglect and assign a lower priority to less serious cases. A case is considered less serious if the circumstances reported do not indicate immediate risk of serious harm to the child. In 2005, Senate Bill 6 established screeners as a program. Screeners identify less serious reports of abuse and neglect if they determine after contacting a professional or other credible source that the child's safety can be assured:

- Without an investigation or referral to Alternative Response.
- If the report wasn't initially a Priority 1 (P1). Only Priority 2 (P2) reports can be screened. In these situations, the reported information does not involve severe harm or does not require an immediate response.
- The report does not involve a child younger than 6.
- There are no open investigations, Alternative Response, or other stages involving direct delivery services to the family.

In 2019, screening for RCCI was created. RCCI screening reviews all P1 and P2 RCCI intakes to ensure the correct initial priority was assigned. RCCI screening can only close intakes when all current allegations have been previously investigated or the intake is under the jurisdiction of another DFPS program or another agency.

Both screening functions were moved to SWI in November 2020. Since that time, the number of cases meeting screening eligibility has consistently grown.

To help CPI screening handle the increased volume of intakes, the screening program has established a small group of hybrid screeners trained to screen for both CPI and RCCI. Since

Sept. 1, 2023, CPI screening has 64 screeners covering all 254 Texas counties. RCCI screening has 8 screeners.

CPI screening has generally seen a yearly increase in the number of intakes screened, and in FY 2022, CPI saw a 40 percent increase in the number of intakes screened compared to FY 2021.

By adding screening resources, the SWI Screening Division will make better use of Alternative Response, refer more families to community resources instead of an investigation, and ensure CPS caseworkers promptly get necessary information regarding children on their caseload.

Key Actions

Fall 2023

- SWI began coordination with CPI to increase awareness about the Alternative Response expansion and updated training for AR field staff.

Winter 2023

- Preliminary discussions with APS leadership to explore the possibility of screening for certain APS intakes, especially those in which the client is under the age of 65 and an eligibility determination must be made due to a significant disability.

Spring 2024

- Staff development and annual training will continue.

II. Meet the Growing Needs of Vulnerable Adults

Adult Protective Services (APS) investigates abuse, neglect, and exploitation of adults who are elderly (at least 65) or have disabilities.

APS is seeing more complex investigations, so more capacity and resources are being added to serve their client population.

APS Financial Exploitation Specialization

Initiative

Expand the three exploitation units to enhance their capacity for financial exploitation investigations.

Lead Division

Adult Protective Services

Background

Financial exploitation of people over 65 is a growing problem in Texas and one that is expected to worsen as this segment of the overall population increases. From FY13 through FY20, exploitation allegations among this age group increased 29 percent. In certain urban areas of the state, the increases have been even more dramatic, rising as much as 40 percent in the Dallas/Fort Worth (DFW) area and 66 percent in Houston.

Since 2015, exploitation cases have taken an average of 20 days longer to complete than physical neglect cases, which comprise most APS cases. Financial exploitation investigations are also increasingly complex. To conduct a thorough and complete investigation, investigators need specialized skills to review bank records, investment accounts, credit card statements, mobile payment transactions, and property deeds. For the most complex exploitation cases, additional time is needed when APS needs help from outside forensic accountants.

In anticipation of the projected rapid increase in this segment of the population between 2020 and 2030, APS piloted an exploitation unit in the DFW area beginning in 2018. Building off this initial pilot, APS developed pilot exploitation units in March 2022, located in Tarrant County, Houston, and San Antonio/Rio Grande Valley. APS requested and received additional funding from the 88th Legislature to help make these units permanent.

Key Actions

Fall 2023

- APS engaged with local partners across the state whose work intersects with exploitation investigations to build and strengthen working relationships.
- Provided training opportunities for financial exploitation investigators.
- Launched the Partnering to Protect initiative at the 40th APS Conference.

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- APS will focus on identifying additional capacity for exploitation investigations, training, outreach, and consistency.

APS Complex Service Delivery Unit Pilot

Initiative

Pilot the creation of a specialized Complex Service Delivery (CSD) unit to meet the complex service needs of clients.

Lead Division

Adult Protective Services

Background

Providing services related to elder abuse and self-neglect has become increasingly complex and often requires interagency collaboration. There has always been a level of complexity to service delivery in APS, but the process of interacting with many entities has become more complex. With automated phone systems and online applications, clients often find obtaining services to be too confusing or overwhelming. As a result, clients give up before ever getting the assistance they need. Furthermore, many clients need services from multiple entities. APS can step in and assist these individuals by working through these arduous processes to make sure clients receive the services they need.

Also, APS is serving an increasingly older population. More and more people are living into their 80s and 90s, with the issues (medical, financial, and cognitive) that increasing age entails.

The goal of the Complex Service Delivery (CSD) unit is to provide prolonged interventions to allow APS specialists time to navigate multiple resources such as the Social Security Administration, immigration, guardianship programs, Veterans Affairs, hospitals, probate courts, law enforcement, medical services, and mental health services.

In the Houston District, self-neglect cases are the most common, with more than 75 percent of all intakes. While the Houston District is accustomed to providing services to clients in more than 50 percent of these cases, arranging services for clients with complex needs is time-consuming.

Having staff in the CSD pilot specialize in providing services will allow staff in other units to focus on complex investigations. Across the entire Houston District, 16 percent of alleged victims in an initial investigation come back in a new intake within 12 months. Being able to provide the necessary services to clients with complex needs will also help decrease the number of repeat cases.

Outside of Harris County, the recidivism rate in smaller counties is even higher, as these counties often lack available resources to address the underlying causes of self-neglect. By building the CSD unit with staff knowledgeable about available resources, the CSD unit will address the intervention gap to strengthen the support to the client. Specialized APS caseworkers and units will begin to develop stronger relationships with partners that meet the needs of our clients. We know through experience that successful outcomes often depend as

much on the relationships and contacts that APS has as they do on the actual “eligibility” of the client. Knowing who to contact when navigating a challenging service plan is frequently a key element to match the client with customized support and services.

Key Actions

Fiscal Year 2024

- Begin communication with critical partners whose work intersects with that of the CSD unit.
- Increase opportunities to link clients with the Social Security Administration, immigration, guardianship programs, Veterans Affairs, hospitals, probate courts, law enforcement, medical services, and mental health services.
- Increase interagency collaborations.
- Demonstrate an increased positive APS community presence.

III. Meet the Growing Needs of Children and Families

As the needs of children and families evolve, so must the focus of Texas child protection. This year, DFPS is establishing a behavioral health strategy team and putting in place a plan to expand and strengthen placement capacity. Of equal importance over the next year is the integration of DFPS Prevention and Early Intervention services with Texas Health and Human Services, creating a seamless service delivery framework.

Enhance and Expand Behavioral Health Services

Initiative

Strengthen behavioral health services for youth in care by developing a behavioral health strategy for DFPS.

Lead Division

Office of Behavioral Health Strategy

Background

Behavioral health needs for youth in DFPS conservatorship remain a major issue. DFPS and HHSC received a combined \$31.2 million in behavioral health funding for use over the next biennium. The funding is dedicated to supporting children and youth in DFPS conservatorship.

DFPS had limited focus and input on resource needs for the target population. STAR Health is the financing mechanism and payor source for Medicaid services that address behavioral health and physical health care needs of youth in care. However, additional treatment needs and access challenges highlight the need for long-term solutions to support a continuum of care.

In FY23, the Office of Behavioral Health Strategy (OBHS) initiated foundational activities, including a behavioral health situational analysis from public listening sessions and partnership with Meadows Mental Health Policy Institute (MMHPI). This helped OBHS develop recommendations for strategies aimed at maximizing behavioral health benefits for children and families.

Key Actions

Spring 2024

- Fully staff the OBHS team.
- Aggregate data from behavioral health situational analysis.
- Develop and define behavioral health strategic initiatives.
- Benefits maximization project with MMHPI report recommendations.
- Execute contracts to support Single Source Continuum Contractor Kinship Care Exceptional Item funding from the 88th Legislative Session.
- Support expansion of providers for Intensive Psychiatric Stabilization Program.
- Collaborate with key stakeholders to implement the HHSC behavioral health services for youth, including seven youth crisis outreach teams and 20 additional extended-stay

beds for foster youth needing additional inpatient hospital support in the five major Texas cities.

Fiscal Year 2024

- Focus on addressing the needs of youth in conservatorship by maximizing and leveraging existing system resources.

Capacity Stabilization, Development, and Child Watch Mitigation

Initiative

Continue to advance the DFPS placement capacity strategy to ensure licensed placement for all children in conservatorship, with a focus on individual service needs in the least restrictive setting.

Lead Division

Child Protective Services

Background

DFPS has worked to expand new capacity and stabilize existing capacity to reduce the use of congregate care. While DFPS has increased overall foster care capacity, we lost capacity for children with complex needs.

Capacity stabilization includes increasing support and oversight for residential providers, helping providers develop programming to meet complex needs of children, limiting new providers to children with lower levels of treatment needs, and increasing monitoring of new providers. DFPS is also focused on efforts to keep children with family, when possible, by increasing support for kinship caregivers. DFPS uses the Foster Care Needs Assessment to forecast placement service needs and regularly assesses child placement outcomes for areas of improvement and continued growth.

Most children and youth in DFPS conservatorship without an appropriate placement have complex mental and behavioral health needs. These children and youth require placement into settings with an elevated caregiving capacity, including a stable, trained workforce and specialized programming. Capacity development efforts are focused on filling identified gaps in the foster care continuum, including capacity for older youth with the most complex needs.

Capacity Stabilization

With the significant loss of capacity for children with complex needs over the past few years, DFPS recognizes that capacity stabilization is as important as capacity building. DFPS has taken steps to partner with residential providers that contract with DFPS to stabilize existing capacity and continue to expand. Provider workgroups have uncovered other factors that affect capacity stabilization, including the ability to hire and retain qualified staff. Capacity stabilization efforts continue through the next fiscal year and include:

- Increased communication, support, and engagement with residential providers.
- Collaborative approach to assist in addressing providers' reported concerns.
- Continued monitoring and evaluation using the DFPS Provider Risk Tool to include technical assistance or referral to resources.

- Limiting the number of children that a new residential provider can accept for placement until stability is demonstrated with children who have lower levels of treatment needs and the provider feels comfortable handling more complex needs.
- Increased monitoring and tracking of new provider progress and addressing concerns with the provider as they occur.
- Ensuring new providers stagger admissions to ensure the provider is not overwhelmed.

DFPS also uses the capacity building specialist and new contract application specialists to facilitate a smooth transition working with children in DFPS conservatorship. DFPS will evaluate efforts to stabilize residential capacity and build upon efforts to create a statewide strategic plan for legacy and CBC areas.

Per Senate Bill 593 of the 88th Legislative Session, HHSC and DFPS will contract with a vendor to assess and streamline foster care and adoption rules and regulations. The bill also calls for the reduction of barriers to entry for potential child placing agencies, residential child care facilities, foster families, kinship families, and adoptive families.

Key Actions

Fall 2023

- Evaluated new contractor compliance to identify areas of improvement.

Summer 2024

- Execute a third-party evaluation of DFPS Residential Child Care Contracts and Residential Child Care Regulation (RCCR) Minimum Standards.

Fiscal Year 2024

- Evaluate using the DFPS Provider Risk Tool performance metrics by provider (quarterly).
- Evaluate placement outcomes for legacy and CBC areas, including placement stability, least restrictive settings, and placement close to home community (quarterly).

House Bill 5 Capacity Grants

The 87th Legislative Session provided funding for 20 providers (10 child placing agencies and 10 general residential operations) to build foster care capacity. House Bill 5 provides targeted foster care capacity grants to address the existing foster care capacity shortage. The grants focus on serving children with the highest level of need, adding new providers, and promoting the long-term viability of child placements.

Providers were allowed to request up to \$1 million to support their individual plans to expand capacity over a three-year period. Providers are required to submit detailed plans to serve

children who are without placement, children with a history of being without placement, or children who have characteristics that are similar to children without placement. Grant agreements started in the Fall of 2022 and are fully executed. The grant agreements will end on August 31, 2025.

The expected increased capacity across multiple types of foster care providers is below.

General Residential Operations

- CPS anticipates an increase of 362 beds at general residential operations (GROs) through the grant agreements. This includes placement services for children with moderate, specialized, and intense levels of care.

Treatment Foster Family Care

- CPS anticipates an increase of 90 Treatment Foster Family Care homes. These homes will provide innovative, multi-disciplinary treatment services to children in a highly structured family home environment.

Specialized Adoptions

- CPS anticipates one grantee will also increase its specialized adoptions by 35 cumulative adoptive homes.

Traditional Foster Families

- CPS anticipates an increase of 185 verified traditional and therapeutic foster families serving children with moderate, specialized, and intense levels of care.

Kinship Families

- CPS anticipates an increase of 20 verified kinship families. These families are the child's relatives or close family friends, also known as fictive kin.

Therapeutic Extended Care Foster Families

- CPS anticipates one grantee will expand and provide a minimum of eight therapeutic extended foster homes focused on preparation for independent living for youth ages 16 to 21 years and 11 months.

During FY 2023, HB 5 grant recipients built new capacity. GROs added 54 additional beds and child placing agencies verified 86 new foster homes.

Key Actions

Fall 2023

- Continue to refer children currently without placement to HB 5 grant recipients.
- Monitor the progress of grant recipients by providing targeted outreach to grantees for support and technical assistance.

Winter 2024

- Review and evaluate capacity built by grantees, including the number of youths referred, denied, and placed.

Summer 2024

- Schedule meetings with each HB 5 grant recipient to evaluate progress being made on their capacity building efforts.

Treatment Foster Family Care

Treatment Foster Family Care (TFFC) is a program designed to provide innovative, multi-disciplinary treatment services to a child or youth in a highly structured, family home environment. It is a cost-effective and less restrictive alternative to residential treatment. DFPS has an ongoing open enrollment application for the expansion of this program. The DFPS legacy system currently has seven contracted TFFC providers, an increase from four providers since the beginning of FY 2023. Additional providers have submitted applications to DFPS to add TFFC to their contract. The SSCCs each have a capacity building plan that includes increasing the number of TFFC homes in CBC catchment areas by working with their provider community. As of Nov. 13, 2023, there are 96 active TFFC homes in legacy regions and 108 active TFFC homes in SSCC regions.

As stated above, during the 87th Texas Legislative Session, DFPS was appropriated \$19 million for targeted capacity building through House Bill 5. DFPS awarded grants to providers to expand their capacity to serve children with the highest level of need. Four child placing agencies (CPAs) applied to expand the TFFC program across the state with a projected increase of 100 TFFC families and 200 beds by the end of FY 2025. Prior to the open enrollment for TFFC in July 2022, DFPS had 173 active TFFC homes statewide. DFPS projects the number of children being served by TFFC to double by the end of FY 2025.

Key Actions

Spring 2024

- Fully execute pending TFFC contracts.
- Targeted outreach to existing CPAs to add the TFFC program to treatment model offerings.

Fiscal Year 2024

- Increase specialized or intense foster home capacity by 75 and TFFC foster home capacity by 100.

Qualified Residential Treatment Program

In February 2018, the Family First Prevention Services Act (FFPSA) was enacted to change the way states are paid for congregate care, limiting Title IV-E federal funding. For states to receive this critical funding, residential placements must meet Qualified Residential Treatment Program (QRTP) requirements after the initial two weeks of placement into a congregate care facility. The requirements include individualized child assessments, case planning, documentation, judicial approval, and ongoing review and permanency hearing requirements.

The intention was to reduce the use of congregate care and use these settings for temporary and individualized treatment, then discharge youth to a family-like environment with aftercare support. In September 2020, DFPS released the FFPSA Strategic Plan, which included a plan to pilot a QRTP to serve Texas' most complex youth in foster care. DFPS achieved the program model readiness in July 2022, with the first two contracts executed in May 2023 and a third in August 2023.

A QRTP under the Texas model is designed to meet the needs of children and youth with complex emotional, mental, and behavioral health needs in a residential treatment setting using short-term, trauma-informed treatment models. The process involves an assessment and determination by a qualified individual, building of a permanency team, and family collaboration. Also, the Texas-specific QRTP model has increased therapeutic and supervision requirements. Currently, contracts are held by DFPS in Region 1, 2, and 7, for a total bed capacity of 90. The first youth was placed into a QRTP on June 5, 2023. As of October 2023, 48 youth are in QRTP placements under the Texas model.

DFPS will complete the assessment and placement for all QRTP placements during the pilot period, with the goal of transitioning to the SSCCs for CBC catchment areas after the pilot period ends.

DFPS will work to increase capacity at the existing QRTPs with staggered admissions and will continue to work with the SSCCs and provider community to increase the number of QRTPs in Texas.

In Summer 2024, DFPS will evaluate data from the pilot period to make needed changes or enhancements and move to full implementation. The evaluation will inform any modifications to the process, protocol, or procedure and any changes to the open enrollment for final contract terms. DFPS hopes to see children and youth successfully discharging from QRTPs within the limited time frames under federal requirements and a decrease in level of care.

DFPS will seek approval on the Texas-specific QRTP assessment model from the Administration on Children and Families in FY 2025 and is on target for full implementation by FY 2026.

Key Actions

Fall 2023

- Initiated IT project to support QRTP implementation.

Winter 2023

- Create, extend, and award additional incentive grant opportunities (second RFA) to elicit more QRTP contracts.

Summer 2024

- Execute additional QRTP contracts and fill all placements during the pilot phase.
- Gather, analyze, and compile data from QRTP pilot phase to inform full implementation.

Fiscal Year 2024

- Continue efforts to reach full QRTP implementation, including:
 - Evaluation of the Texas QRTP program model and associated procedures.
 - QRTP Certification process.
 - IMPACT modifications related to the child’s service plan, placement entry, legal status, financial structure, and service level system.
 - Title IV-E amendment submission and approval from Administration for Children and Families.

Temporary Emergency Placement Program

DFPS is also focused on expansion of the Temporary Emergency Placement (TEP) program. Temporary emergency placements provide highly structured, short-term residential care and services for a child without a placement while seeking a longer-term placement. The TEP program serves youth with high needs. DFPS has a total of 19 TEP beds. DFPS is working with providers to add TEP beds or help interested providers modify their treatment model to serve these youth. The SSCCs have also entered into agreements with providers for TEP beds. SSCCs also use TEP placements in foster homes, an option currently being explored for the legacy system. DFPS expects to increase TEP capacity over the next biennium. The goal is to expand the TEP program to include a minimum of one TEP provider in every legacy region for both young men and young women. DFPS is also exploring the ability to use foster homes as TEP providers in legacy areas.

Key Actions

Winter 2023

- Assess the residential provider network to expand capacity by implementing a TEP program.

Winter 2024

- Targeted outreach and support to providers interested in modifying treatment model offerings to serve children via TEP.
- Assess TEP provider readiness to increase bed availability.

Intensive Psychiatric Stabilization Program

DFPS is collaborating with psychiatric hospitals to develop programs that increase placement stability for youth with complex mental health needs. The Intensive Psychiatric Stabilization Program (IPSP) will serve youth without placement or who have a history of placement instability due to frequent psychiatric hospitalizations. These youth need a continuum of treatment services to stabilize and support transition back into the community and into placements that can accommodate their needs.

IPSP is a 90-day program to increase placement stability specifically for foster youth who are exiting psychiatric hospitalization and must have support to move into a less restrictive setting. DFPS has four active programs and is partnering with the SSCCs and external stakeholders to implement a small program in various parts of the state. During the 88th Legislative Session, funds were appropriated to sustain and expand the program. DFPS has released a request for information to evaluate resource availability and community capacity to develop this program. We expect two more IPSPs by the end of FY 2025, with a goal of at least one IPSP program in every region for males and females.

Key Actions

Fall 2023

- Posted the IPSP request for information.

Winter 2023

- IPSP evaluation of outcomes and effectiveness.

Spring 2024

- Develop key performance indicators.

Kinship Initiatives

The kinship program continues to connect more children in care to kinship placements, placing children with family more quickly and helping children exit to permanency with a kinship caregiver. During FY 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 fixed incomes, which makes it difficult for them to purchase items such as beds, car seats, clothing, diapers, and other immediate needs. Also, daycare funding is limited and only offered to kinship caregivers who meet required eligibility.

The 88th Legislative Session provided \$6.9 million to assist kinship caregivers with immediate needs, provide reimbursement for expenses associated with foster care licensing, and offer 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.

The Kinship Collaboration Group allows DFPS collaboration with kinship advocates and kinship caregivers whose cases have reached permanency. Partnering with kinship caregivers helps the agency understand how to meet the needs of kinship caregivers. The Kinship Collaboration Group:

- Created the *After the Call* brochure to provide kinship caregivers with resources and information when they first expect a child placement.
- Is working on another brochure, *After the Case*, to help caregivers find resources once children are in their care.

The CPS Daycare Program is working to provide daycare for more kinship caregivers. Currently, daycare is offered to kinship caregivers when they have an approved home study, a signed Kinship Caregiver Agreement, and all caregivers work 40 hours a week. Kinship caregivers with children aged 6 years old or younger may receive funding for daycare during the school year, and all children 12 and younger receive summer care.

In Fall 2023, the federal Administration for Children and Families released recommendations and guidelines related to supporting kinship caregivers. Previous rules required all foster family homes to meet the same licensing standards. The new rules allow child welfare agencies to adopt simpler licensing or approval standards for all kinship foster family homes. States must also provide kinship caregivers with the same level of financial assistance that any other foster care provider receives. CPS is currently working alongside HHSC to ensure an implementation to these rules and recommendations.

Key Actions

Fall 2023

- Implemented new kinship funding.

Winter 2024

- Complete analysis of kinship caregiver daycare funding.
- Develop report and recommendations on the assessment of foster care and adoption rules and regulations
- Develop a statewide electronic tracking system to track kinship home assessment requests.
- Research and determine the feasibility of providing daycare to all kinship caregivers.
- Start Kinship Corner for monthly meeting in a box.

Spring 2024

- Increase initial placement of children with kinship caregivers.

- Increase exits to permanency with relative or fictive kin caregivers of youth whose parental rights have been terminated and for whom family reunification may not be possible.
- Continue partnership with the Kinship Collaboration Group to create a brochure providing caregivers with resources and creating a training to help caregivers develop guidelines for continued contact between parents and children.
- Collaborate with SSCCs on efforts to increase kinship support.
- Increase caregivers' awareness of added license verification benefits.
- Pilot Treatment Foster Family Care in Region 6 serving kinship families.
- Update policy to incorporate kinship caregiver point of view and voice in the existing Family Group Decision Making meeting to ensure family connections are maintained and supported.
- Update policy on continued diligent search efforts.
- Update Kinship Resource Guide
- Continue partnership with HHSC to ensure implementation of kinship provisional license.

Transitional Living Programs

DFPS is responsible for ensuring a successful transition to adulthood and focused on building capacity for Transitional Living Programs (TLP). Most youth awaiting a licensed placement are 16 or 17 years old. Transitional Living Programs are residential services specifically designed to serve youth 14 or older for whom transitional living services or treatment goals include basic life skills training. A transitional living program allows youth to start building a strong foundation of life skills and community connections.

DFPS discussed the opportunity for expansion of the Supervised Independent Living (SIL) program to support youth who need more structure than current programs offer, with four current SIL providers considering adding TLP. The Transitional Living Services team has regular discussions highlighting the greater need for TLP providers across the state, with all new inquiries related to becoming a SIL provider. Through these efforts, new TLP providers have begun to offer services, and several additional entities are considering or beginning the process to become a provider. The goal is to have a minimum of one TLP program in every region for young men and women.

Key Actions

Fall 2023

- Completed targeted outreach to SIL providers interested in modifying treatment models to serve youth through the TLP.

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Winter 2024

- Continue referring those interested in providing SIL services to the TLP through the capacity-building specialist.

Summer 2024

- Assess TLP readiness for increased capacity.

Prevention and Early Intervention Transition

Initiative

Transition prevention and early intervention services from DFPS to HHSC to streamline delivery.

Lead Division

Prevention and Community Wellbeing, Prevention and Early Intervention Division

Background

During the 88th Legislative Session, Senate Bill 24 highlighted continued state investment in children and families to prevent child abuse by addressing the many issues Texas families face, including poverty, behavioral health, and parenting education needs.

The new structure will increase coordination and delivery of family health services by HHSC to all eligible families. The functions of Prevention and Early Intervention (PEI) at DFPS will transfer to HHSC, renaming PEI to Family Support Services. To facilitate the transfer of functions while maintaining continuity of services, PEI leadership will coordinate closely with both DFPS and HHSC executives to develop and implement transition planning activities.

Key Actions

Fiscal Year 2024

- DFPS will collaborate with HHSC to determine all transition needs including HR, Operations, Contract Oversight and Support, and IT activities.
- Transition all other PEI teams, including Faith-Based and Community Engagement, Office of Disproportionality and Disparities, Family First Prevention Services, and Office of Child Safety to areas within DFPS.
- Develop internal and external stakeholder communication.
- Initiate a new Five-Year Strategic Plan in coordination with HHSC.
- Determine potential changes to outcome and output program requirements in the following year.

Family First Prevention Services Act

Initiative

Explore options for eligible populations and Family First Prevention Services Act (FFPSA) approved evidence-based models to support development of the Texas FFPSA prevention plan through continued support of the Texas Family First (TFF) pilots.

Lead Division

Prevention and Community Wellbeing

Background

Passed by the U.S. Congress in 2018, FFPSA provides states the opportunity to receive a 50 percent federal match for general revenue funds spent on evidence-based, in-home parenting, substance use, and behavioral health prevention services. To claim federal funding for eligible prevention services, Texas must have a federally approved prevention plan. Services are for children or the parents or caregivers of children who are determined to be at risk for foster care but can remain safely in their home or in a kinship placement if services or programs necessary to prevent the entry into foster care are provided. Services are time-limited, and the evidence-based models must be included in the Administration for Children and Families' (ACF) Title IV-E Prevention Services Clearinghouse.

To assist with FFPSA implementation, the President signed the Family First Transition Act (FFTA) in December 2019. DFPS received approximately \$50.3 million in one-time funding to spend through Federal FY 2025.

Texas Family First Pilots

The 87th Legislative Session allocated FFTA funds for the Texas Family First (TFF) pilots. The pilot program provides an alternative to removing a child at imminent risk with a court order allowing the child to remain safely in the home. The 88th Legislative Session continued support of TFF and QRTP by allocating remaining FFTA funds towards the pilots.

SSCCs currently operate TFF in pilot counties within four Texas regions. TFF services will continue through FY 2024, and DFPS is exploring expansion.

Key Actions

Fall 2023

- Completed the TFF pilot evaluation with the University of Texas Medical Branch.
- Determined potential TFF expansion areas.

Spring - Summer 2024

- In partnership with the Texas Supreme Court Children's Commission, host TFF community meetings for stakeholder input.

Goal 3: Support and Retain Workforce

The Support and Retain Workforce goal addresses the challenge of turnover within DFPS. It includes efforts to enhance recruitment strategies, streamline hiring processes, and offer competitive compensation packages to attract and retain qualified candidates. Additionally, comprehensive orientation, onboarding programs, and supportive supervision models will be implemented to improve retention rates and create a supportive work environment.

Professional development opportunities will be enhanced through ongoing training, mentorship programs, and career advancement initiatives, ensuring staff possess the necessary skills and expertise to deliver effective services. Moreover, efforts will be made to strengthen the organizational culture, prioritizing employee wellbeing, teamwork, and recognition of achievements. This multifaceted approach is poised to drive positive change and fortify the agency's capacity to fulfill its vital mission.

In APS, the Training While Working initiative focuses on building competence and confidence among new APS caseworkers. By revamping the training program, APS aims to equip workers with the necessary skills to excel. SWI's Retention Initiative Steering Committee will engage staff at all levels in planning and implementing initiatives to support retention and improve morale. This collaborative approach, driven by employee feedback, seeks to enhance the workplace environment and boost employee satisfaction and retention rates.

These initiatives collectively represent a comprehensive strategy to strengthen the agency workforce and improve its ability to serve vulnerable populations effectively.

Agency-wide Recruitment, Retention, and Wellness

Initiative

Attract qualified individuals and create an environment that encourages their commitment to protect vulnerable children and adults from abuse, neglect, and exploitation and promote safe and healthy families.

Lead Division

Agency-wide

Background

In FY 2023, a task force was established to address turnover within the Child Protective Investigations (CPI) division. The DFPS Recruitment and Retention task force consisted of staff from across the agency, including program specialists, human resources professionals, training specialists, data analysts, and finance experts. The task force developed strategies targeting specific areas identified for improvement.

High turnover rates impact the quality and timeliness of critical investigations: Nearly 39 percent of CPI specialists leave the agency before meeting the eligibility requirements for CPI Specialist II or do not seek to complete the requirements before leaving. This results in a loss of tenure, knowledge, and agency stability.

The 2022 Survey of Employee Engagement cited pay as a primary reason for job dissatisfaction at DFPS, while exit interviews performed by the Institute for Organizational Excellence at UT Austin indicate the top three reasons investigators leave are:

- Work-related stress.
- Workload or life balance.
- Lack of communication.

In FY24, DFPS plans to use short-term tools developed by the DFPS Recruitment and Retention task force to retain staff while identifying and implementing longer-lasting recruitment and retention strategies. Increasing agency stability and balancing workloads will allow investigators to focus on the mission of protecting children and families.

Recruitment

DFPS intends to increase the pool of qualified candidates by developing strategies to attract a diverse group of individuals with the necessary skills, education, and passion for child and adult welfare caseworkers.

Key Actions

Spring 2024

- Streamline the application and hiring process to ensure efficiency and a positive candidate experience.

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- Develop targeted recruitment campaigns to highlight the rewarding aspects of child and adult welfare work.
- Collaborate with colleges, universities, and social work programs to establish partnerships and recruit candidates.

Summer 2024

- Offer competitive compensation packages, including salary, benefits, and incentives, to attract and retain qualified candidates.

Fiscal Year 2024

- Continue to evaluate improvements by conducting applicant surveys.
- Continue to analyze survey responses and provide continuous improvement to recruitment strategies.

Retention

The time, stress, and cost of hiring and training new employees are significant, and turnover can have a negative impact on outcomes for clients. To improve retention rates, DFPS will create and sustain a supportive work environment that reduces turnover and promotes safety among DFPS caseworkers.

Key Actions

Fall 2023

- Increased opportunities for staff to engage in peer support to facilitate knowledge sharing and emotional support.

Spring 2024

- Promote policies and practices that support work-life balance, such as flexible work schedules, telecommuting options, and family-friendly topics.
- Review and update existing supportive supervision models, where caseworkers receive regular feedback, coaching, and guidance from experienced supervisors.
- Provide comprehensive orientation and onboarding programs to familiarize new caseworkers with agency policies, procedures, and support systems available to them.
- Recognize and reward field staff achievements and milestones, as individuals and as a team, to boost morale and job satisfaction.

Professional Development

DFPS will focus on enhancing professional development opportunities by providing ongoing training, mentorship programs, and career advancement opportunities to enhance the skills and expertise of staff, enabling them to deliver effective services.

Key Actions

Spring 2024

- Review and enhance the comprehensive training program that covers core competencies required for child and adult welfare casework, including assessment, case management, cultural competency, and trauma-informed care.

Summer 2024

- Review and enhance certification programs, ongoing training opportunities, and specialized training to build staff knowledge and skills and expand professional expertise and career options.

Fiscal Year 2024

- Continue to review and enhance the mentorship program for new program staff to assist with guidance, support, and career advice from experienced staff.

Wellness and Organizational Culture

Strengthen the organizational culture by fostering a positive and supportive work environment that values the contributions and well-being of staff, promotes teamwork, and recognizes their achievements to promote job satisfaction and stabilize the workforce.

Key Actions

Fall 2023

- Conduct regular employee engagement surveys to assess job satisfaction levels, identify areas for improvement, and proactively address concerns.

Winter 2023

- Elevate the wellness coordinator position into the Office of Behavioral Health Strategy to focus on employee wellness and support.
- Transition responsibility for the Employee Assistance Program contract to the Office of Behavioral Health Strategy and implement strategies aimed at increasing awareness and utilization of this resource by staff.
- Create opportunities for caseworkers to provide feedback and suggestions and to participate in decision-making processes to enhance their sense of empowerment and ownership.
- Promote a healthy work environment by addressing caseworkers' workload concerns, providing adequate resources and support, and encouraging staff wellbeing and self-care practices.

APS Retention Effort - *Training While Working* Initiative

Build Adult Protective Services (APS) caseworker competence and confidence by ensuring new workers are equipped with the right skills using the redesigned field-based and competency-focused training program.

Lead Division

Adult Protective Services

Background

The APS training program has remained relatively unchanged since 2004. Since then, APS has experienced a sharp increase in turnover among APS Specialist I positions. In FY 2020, turnover among new caseworkers was 40 percent. In FY 2022, turnover increased to 58 percent.

In FY 2022, a dedicated project manager and project team was assigned to develop *Training While Working*, the redesigned training program. Implementation included the creation of 17 Training Supervisor positions and a centralized Manager V position. All positions were filled in March 2023. *Training While Working* compartmentalizes new employee training in three phases:

- Case initiation contact
- Initial face-to-face contact
- All other training topics

One competency must be reached before moving on to the next phase. Each phase has a calendar daytime frame that cumulatively totals 130 days. *Training While Working* was implemented statewide on Sept. 5, 2023. It has enrolled more than 50 new trainees and received positive feedback.

The new model emphasizes the importance of on-the-job training, reducing the amount of time a trainee spends in the classroom while increasing the time a trainee spends in the field one-on-one with a training supervisor or mentor. Trainees complete case-related activities repeatedly to determine competence, which expands their exposure to APS casework. The three phases of competency will enable APS to quickly identify if a trainee is not a good fit for the position. Trainees begin to contribute to unit productivity starting on day 30 of employment, providing quicker relief to the tenured staff in the field. *Training While Working* aims to focus on thoroughly learning one component at a time while completing related activities in the field, reducing trainees feeling overwhelmed once they complete training and receive their own caseload.

Key Actions

Fall 2023

- Launched *Training While Working*.

DFPS Annual Plan FY 2024

- Discussed proposed training performance measures to identify data sources, a data collection process, and reporting frequency and responsibility.
- Presented information about *Training While Working* at the 40th APS Annual Conference.
- Monitored implementation of *Training While Working* to ensure it is performing as planned.

Winter 2023

- Begin reporting short and long-term performance measures.

Statewide Intake Retention Effort - *Retention Initiative Steering Committee*

Initiative

Engage Statewide Intake (SWI) staff in all divisions and levels of program in planning, developing, and implementing initiatives to support retention and improve morale.

Lead Division

Statewide Intake

Background

Since FY 2020, the SWI Intake Specialist position has increased in turnover rate. The turnover in FY 2022 increased to 15 percent from 11 percent in FY 2021, and 7 percent in FY 2020. The Retention Initiative Steering Committee (RISC) provides a mechanism for continuous improvement of the workplace to SWI employees and leadership by fostering communication and collaboration.

The RISC solicits employee feedback via the SWI Satisfaction Workplace Survey in the following areas:

- Connection with the SWI mission and vision.
- Level of comfort in offering feedback and suggestions to management and leadership.
- Perception of the value of diversity, fairness of pay, and availability of tools and resources to complete work.
- Understanding what is expected of performance, conduct, and adherence to policy.

Key Actions

Fiscal Year 2024

- Use data compiled from the SWI Satisfaction Workplace Survey to determine current patterns or trends.
- Use survey data to inform RISC initiative project planning related to retention and morale.
- Solicit collaborative proposal ideas.
- Facilitate the formation of focused workgroups to develop implementation strategies for each RISC initiative throughout the year.

General Information and Resources

DFPS Hotlines

[Hotlines and Information Lines](#)

Texas Abuse/Neglect Hotline: 1-800-252-5400

Report abuse, neglect, or exploitation of children, people who are 65 or older, people with disabilities, or violations of minimum standards in a child care operation. 24 hours a day, seven days a week.

Foster Care and Adoption Information: 1-800-233-3405

Learn how to become a foster or adoptive parent and receive information for current foster or adoptive parents.

Child Care Information: 1-800-862-5252

Information about child care in Texas.

Texas Youth Hotline: 1-800-989-6884 (chat & texting also available)

Provides peer counseling to youth and family members for family conflicts, delinquency, truancy, abuse and neglect, and running away.

Office of Consumer Relations: 1-800-720-7777

Make an inquiry or complaint about an existing DFPS case.

DFPS Websites

dfps.texas.gov	Texas Department of Family and Protective Services (DFPS)
TxAbuseHotline.org	Report abuse, neglect, or exploitation
AdoptChildren.org	Adopt children through the Texas Adoption Resource Exchange
GetParentingTips.com	Child abuse prevention and positive parenting
TexasYouth.org	Texas Youth and Runaway Hotline
EveryonesBusiness.org	Adult Abuse Prevention

DFPS Address

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