

## Definitions

**APS Community/In-Home** – In previous years Adult Protective Services in-home counts have been referred to as “community” cases, and separate statistics have been collected for Mental Health and Mental Retardation facilities and community centers. To avoid confusion, the title “community” will no longer be used when referring to the APS in-home population.

**APS Investigation of Adult Abuse, Neglect, and Exploitation** – The total number of Adult Protective Services investigations equals the total number of completed investigations.

**CCL-Child Care Licensing** – This program is responsible for protecting the health, safety, and well-being of Texas children who reside in or attend child care facilities. The program also regulates child care administrators, foster homes, halfway houses, child-placing agencies, and maternity homes.

**Children in Foster Care** – All children under PRS’ legal responsibility who are placed in foster homes, foster group homes, institutions, residential treatment facilities, and juvenile facilities who are in a placement paid by PRS or some other public facility. This is a subset of Children in Substitute Care.

**Children in Need (Of Services)** – Historical data indicates the approximate number of children in confirmed reports who need services after investigations versus the actual number of children who received services. The agency estimates that 70 percent of children who are in confirmed reports of abuse or neglect actually need services beyond investigation. The total includes the victims and their siblings.

**Children in Substitute Care** – Children under PRS’ legal responsibility who are placed outside their own home (home of origin). This includes foster homes, institutions, foster group homes, residential treatment facilities, hospitals, adoptive homes, other juvenile facilities, relative home placements, and independent living arrangements. This is a subset of Children in PRS Legal Responsibility.

**Children Under the Legal Responsibility of the Texas Department of Protective and Regulatory Services** – All children for whom the courts have given the Texas Department of Protective and Regulatory Services legal responsibility by temporary or permanent managing conservatorship or other court ordered legal basis. These children may be residing in an out of home placement or may have been returned to their own home (home of origin). When a child who has been abused and neglected must be removed from their home, an emergency court order must be obtained. After 14 days from the emergency court order a Child Protective Services worker must obtain from the court a temporary order for managing conservatorship. By no later than 12 months, the judge must either return the child to the parent and dismiss the suit, or appoint a parent, relative, or PRS as managing conservator on a permanent basis.

**CPS Investigations of Child Abuse and Neglect** – The agency is required by state law to conduct civil investigations of reports of suspected child abuse or neglect. Upon receipt, initial reports are assigned to priority groups based upon the alleged situations.

**Intake Priorities** – To establish time frames for investigations, Child Protective Services divides reports of child abuse and neglect into two priority groups. Priority group assignments are based on staff’s assessment of the degree of harm or risk to the children. Based on information reported by the complainant, staff evaluate the immediacy of the risk and the severity of the harm. The evaluation involves a number of factors including information about the alleged perpetrators, the children’s ages and conditions, the specific nature of the harm, and whether the harm has actually occurred.

**a) Priority I** – Intake reports that concern children who appear to face an immediate threat of serious harm or death as a result of the alleged abuse or neglect.

**b) Priority II** – Reports that concern allegations of abuse or neglect where there do not appear to be immediate threats of serious harm or death.

Referrals are assigned a priority based upon the information provided by the complainant. When conducting an investigation, the caseworker may be unable to confirm that abuse or neglect occurred. Additional facts may indicate that the report is unfounded, or the family may have moved and cannot be located so that the investigation cannot be completed. In these instances, a priority designation is not applicable. Sometimes a Priority I becomes Priority II when investigation shows that the abuse or neglect is not as serious as originally reported. Likewise, a Priority II referral may be classified as a Priority I when the investigation shows that the abuse or neglect is more serious than originally reported.

**Level of Care** – PRS seeks to place each child in the department’s conservatorship with a foster caregiver who is well qualified to meet the child’s needs. To achieve this, the department participates in a statewide system for classifying the needs of children and the capabilities of foster caregivers in six Levels of Care (LOC)

**a) Level I** – Adequate functioning in all developmental and/or environmental areas. There may be transient difficulties, “everyday” worries, and occasional misbehavior, but would be regarded as a normal child; responds to “normal” discipline. The caregiver provides routine home environment with guidance and supervision to meet the needs of the child.

**Examples of Current Facility Operations:** Children at this level typically are served in PRS independent foster family and foster group homes, Juvenile Court certified foster homes, PRS licensed care facilities.

**b) Level II** – No more than occasional problems in functioning in any area, some acting-out behavior in response to life stresses, but these are brief and transient; minimally disturbing to others, and not considered defiant by those who know them. The caregiver provides routine home environment with supplemental guidance and discipline to meet the needs of the child.

**Examples of Current Facility Operations:** Children at this level typically are served in PRS independent foster family and foster group homes; Juvenile Court certified foster homes, PRS licensed basic care facilities.

**c) Level III** – Frequent or repetitive minor problems in one or more areas; may engage in non-violent anti-social acts, but is capable of meaningful interpersonal relationships. Requires supervision in a structured supportive setting with counseling available from professional staff.

**Examples of Current Facility Operations:** Children and adolescents at this level typically are served in PRS licensed therapeutic foster family and therapeutic foster group homes; Texas Youth Commission or Juvenile Court approved foster family and foster group homes; PRS licensed basic care facilities, PRS licensed residential treatment centers; PRS licensed wilderness camps; PRS licensed half-way houses; PRS licensed programs serving mentally retarded children and adolescents; PRS habilitative foster family and foster group homes.

**d) Level IV** – Substantial problems; have physical, mental, or social needs and behaviors that may present a moderate risk of causing harm to themselves or others, poor or inappropriate social skills, frequent episodes of aggressive or other anti-social behavior with some preservation of meaningful social relationships. Require treatment program in a structured supportive setting with therapeutic counseling available by professional staff.

**Examples of Current Facility Operations:** Children and adolescents at this level typically are served in PRS licensed therapeutic foster group homes; Texas Youth Commission or Juvenile Court approved foster family and foster group homes; agency or independent foster family and foster group homes which meet PRS licensing standards for therapeutic foster family or therapeutic foster group homes; PRS licensed basic facilities; PRS licensed therapeutic camps; PRS licensed residential treatment centers; programs licensed by the Texas Commission on Alcohol and Drug Abuse (TCADA); PRS habilitative foster family and foster group homes, and PRS licensed programs serving mentally retarded children and adolescents.

**e) Level V** – Severe problems; unable to function in multiple areas. Sometimes willing to cooperate when prompted or instructed, but may lack motivation or ability to participate in personal care or social activities or is severely impaired in reality testing or in communications. May exhibit persistent or unpredictable aggression, be markedly withdrawn and isolated due to either mood or thought disturbance, or make suicidal attempts. Presents a moderate to severe risk of causing harm to self or others. Requires 24-hour supervision by multiple staff in limited access setting.

**Examples of Current Facility Operations:** Children and adolescents at this level typically are served in a program which is licensed by PRS as a therapeutic camp or as a residential treatment center, in a program licensed by TCADA, or in a PRS licensed program serving mentally retarded children and adolescents.

**f) Level VI** – Very severe impairment(s), disability(s) or need(s); consistently unable or unwilling to cooperate in own care. May be severely aggressive or exhibit self-destructive behavior or grossly impaired in reality testing, communication, cognition, affect, or personal hygiene. May present severe to critical risk of causing serious harm to self or others. Needs constant supervision (24-hour care) with maximum staffing, in a highly structured setting.

**Examples of Current Facility Operations:** Children and adolescents served at this level of care typically are served in (1) an in-patient psychiatric hospital accredited by JCAH and licensed by the Texas Department of Mental Health and Mental Retardation (TxMHMR) as an in-patient psychiatric facility; (2) specialized placements in a variety of settings including those regulated by the TxMHMR Community Standards. These provide intensive medical interventions for severely medically fragile, mentally retarded children and adolescents who require intensive behavioral, educational and programmatic intervention due to their mental disabilities; (3) specialized placements in appropriately licensed facilities for severely impaired children who require a behavioral approach for treatment and education.

**g) Level E2** – Emergency care in a foster group home.

**h) Level E3** – Emergency care in an emergency shelter institution.

**Permanency Goal Definitions** – Permanency goals for children for whom PRS has legal responsibility include:

**a) Family Preservation** – This goal is selected if the child can be safely maintained in the family environment with supportive services from the Department without the Department having to take legal custody of the child. At some point, the Department will close its case with the family.

**b) Family Reunification** – This goal focuses on providing services to the family to deal with the issues of abuse or neglect so that the child who has been removed from the home can be returned to the parents. At some point the child is returned to the family with court approval. After a supervisory period, a recommendation is made to the court to return legal custody to the family.

**c) Permanent Placement With Relative or Close Family Friends** – This goal is selected if the plan is to place a child in the legal custody of the Department permanently with a relative or close family friend through either adoption or transfer of conservatorship, after a supervisory period.

**d) Adoption by Non-Relative** – This goal focuses on placing a child in the custody of the Department with an unrelated family for adoption. Parental rights must first be terminated by the court. After a supervisory period, the adoption is consummated.

**e) Alternative Long-Term Care** – This goal is selected when the child cannot be returned safely to the family, or cannot be placed with relatives or close family friends, and adoption is not a possibility for the child. Under this goal, the Department raises the child unless at some point legal custody can be transferred to a caretaker or another permanency goal becomes available. Formal court approved agreements are made with the foster families who have on-going relationships with these foster children to ensure that the children receive long-term consistent care. The goal is comprised of four sub-sections: 1) Foster care with commitment, 2) Foster care without commitment, 3) Transfer conservatorship to caregiver, 4) Other living arrangement.

**f) Adult Living** – This goal is selected for youth in the custody of the Department who are 16 or older (may start as early as 14) unless another permanency goal is more appropriate. Under this goal the Department will either prepare the youth to live independently as an adult or arrange the long-term care and support the youth will need in adulthood because of a disability.

**Recidivism** – Refers to the percent of clients referred to the Texas Department of Protective and Regulatory Services more than once during the fiscal year, including those adults clients who refused services and were referred again.

**Reports of Child Abuse and Neglect** – The agency receives many reports of children who are in situations that are not optimal for their growth or development, but do not appear to involve child abuse or neglect as defined by law. Only the reports that meet the statutory definition of abuse or neglect are required by state law to be investigated by the agency.

**Risk Assessment of Child Abuse/Neglect** – Workers in child protective services investigate allegations of abuse and neglect and make assessments of risk. Risk is defined as: The reasonable likelihood that a child will be abused or neglected, as defined in the Texas Family Code, in the foreseeable future. The decision to provide services is based on the assessment of risk, and not on the findings of the allegations. Services are provided when it is necessary to protect a child from immediate harm regardless of whether or not abuse or neglect has already occurred. Risk assessment is an analysis of the family's ability to protect a child from abuse or neglect. In conducting a risk assessment, a worker explores risk factors, family strengths and resources, and safety issues in order to make decisions on how to protect children. After evaluating risk in a family, there are three possible conclusions:

- No Significant Risk Factors – No significant risk factors were identified.
- Risk Factors Controlled – Risk factors were identified; however, family strengths and available resources are sufficient to provide for the safety of the child in the foreseeable future.
- Risk Indicated – Risk factors were identified, and there are not sufficient family strengths and available resources to provide for the safety of the child in the foreseeable future.

If the third conclusion is reached, the response can involve any combination of the following:

- Complete a safety plan for the family that controls the risk factors with the child in the home.
- Provide family preservation services.
- Place the child with a relative or in foster care.

The efforts of Child Protective Services staff are directed at protecting children and maintaining children in their own homes only when their safety can be assured. In some CPS investigations the risk assessment process is not applicable. These are investigations that do not involve families, such as abuse or neglect alleged to have been committed by school personnel, or volunteers. CPS also does not do risk assessment if the family moves before the investigation is finished or when the only child in the family has died of abuse or neglect. By using a risk-based system for providing services, CPS is able to identify children in need of protection and direct resources and efforts for those most in need of them.

## **Notes:**