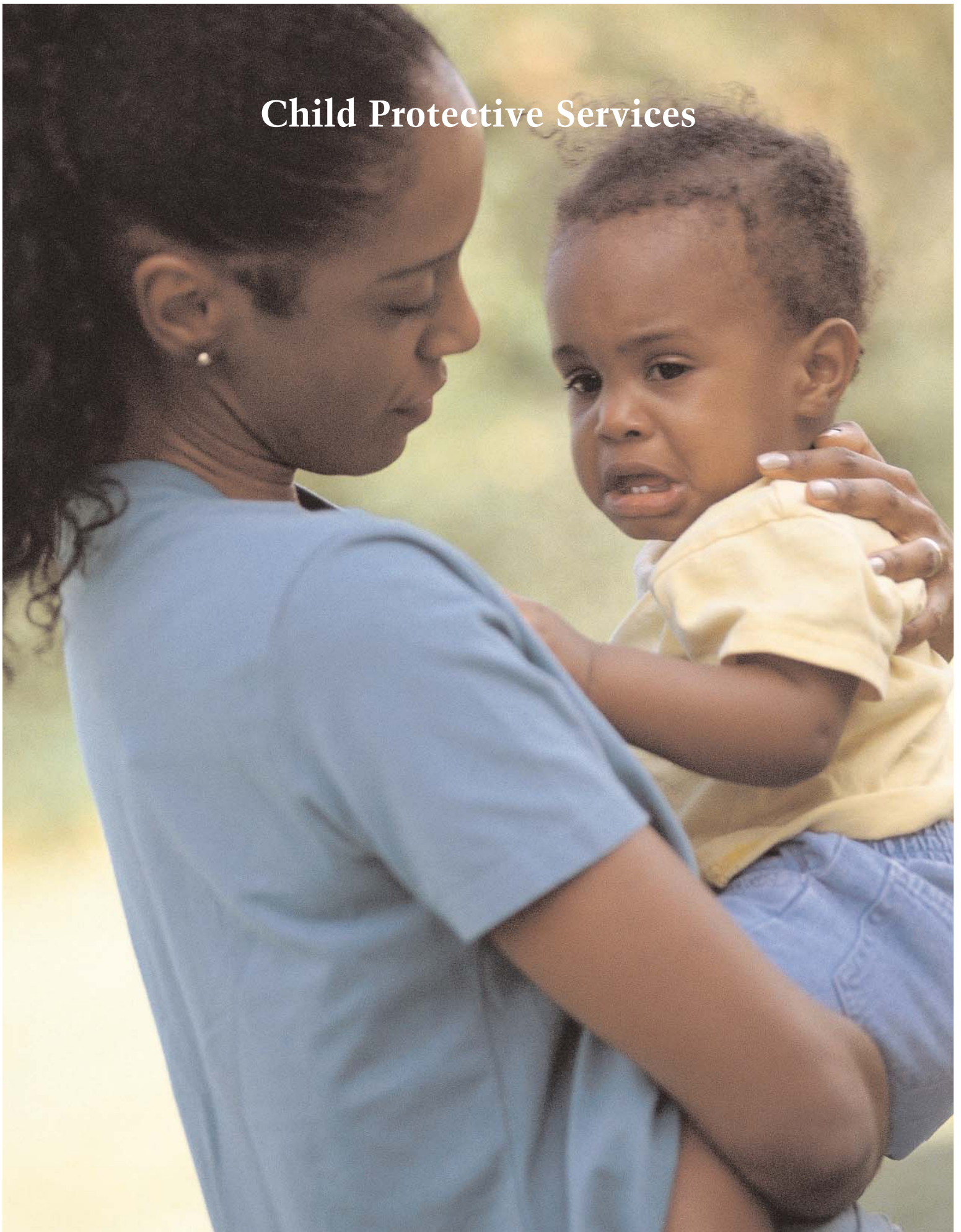


Child Protective Services





Child Protective Services (CPS)

Responsibilities

- ◆ Conduct civil investigations of reported child abuse and neglect.
- ◆ Protect children from abuse and neglect.
- ◆ Promote the safety, integrity, and stability of families.
- ◆ Provide permanent placements for children who cannot safely remain with their own families.

Continued Response to CPS Reform

In 2005, CPS continued to reform its operations and policies in response to an executive order from the Governor that called for the Texas Health and Human Services Commission (HHSC) to review and reform Child Protective Services (CPS). HHSC identified six priorities for improving CPS. They were reducing caseloads, ensuring a well-trained work force, retaining experienced staff, ensuring compliance with policies and procedures, developing effective community partnerships, and ensuring outcomes that focus on children.

CPS began its response to these changes in fiscal year 2004. In November and December 2004, CPS deployed a rapid response team of 60 staff to San Antonio to assist with completing backlogged cases. In February and March 2005, the rapid response team approach was expanded to other regions of the state.

The HHSC report identified 164 recommendations to improve how CPS does business. These recommendations were converted into initiatives in order to accomplish the changes. The initiatives included strengthening investigations, supporting quality casework, risk and safety assessment, family focus, transitional living services, disproportionality, education, outsourcing, and medical services. Many of the accomplishments below are a part of the CPS response to the recommended changes.

Accomplishments

- ◆ In 2005, CPS reorganized its central administration and regional structure by creating offices of investigation and regional operations. This realignment strengthened:
 - the program's focus on investigating allegations of child abuse and neglect;
 - relations with law enforcement;
 - oversight by management; and
 - overall support for caseworkers.

It also created positions for dedicated investigative caseworkers, case screeners, special investigators, staff with subject matter expertise, and paraprofessional support positions. As a result, CPS began to increase consultation with supervisors and contact with children and families, and reduce paperwork and travel. CPS also revised its training for new staff from 6 weeks to 12 weeks and also retrained supervisors on how families are assessed to determine a risk of abuse or neglect.

- ◆ CPS initiated Operation PUSH (Placing Us in Safe Homes) in April 2005. The program helped mobilize CPS staff and community stakeholders to increase efficiencies and remove barriers such as incomplete home studies and legal issues that may have prevented adoptions from moving forward. Through Operation PUSH, adoptions of 1,800 children were consummated. In 2005, the number of CPS consummated adoptions reached an all-time high.
- ◆ Historically, when a child with special needs came into CPS care, a caseworker was faced with a challenging process of finding the appropriate foster care or residential treatment facility. Through trial and error, the caseworker would call one provider after another until an opening was found. As a result, CPS implemented a centralized process for finding appropriate matches for children needing residential treatment placement. CPS dedicated centralized placement workers throughout the state to facilitate the placement of children, instead of each caseworker attempting to locate a placement. By the end of fiscal year 2005, CPS also created a specialized



Ellen Deckinga, Sharon Berger, and Kelly Louis of Child Protective Services in Round Rock are happy about a new mobile dictation service deployed by DFPS in February 2005. Called *CyberSecretaries*, the service allows staff to dictate information gathered from client visits into a phone, have the recording sent electronically to a transcription service to be typed, and then sent back to the caseworker via e-mail.

"Caseworkers have always known that they needed to be out working with families, but because we have to document everything in a timely manner, we get bogged down," says Berger, the unit supervisor. "CyberSecretaries is phenomenal because it alleviates clerical and administrative tasks for caseworkers so they can spend more time with clients. This is one of the most innovative ideas I've seen—it's a really good step for the state."

Caseworker Kelly Louis says before *CyberSecretaries* sometimes it would take days before she could type her information into IMPACT, the computer system for tracking abuse cases. "We never now how long we are going to be out in the field. Now when I leave a client, I call into Cyber Secretaries immediately, talk into the phone like I was leaving a voicemail message, and say what happened. Usually by the time I get back to the office, it's ready for me in my e-mail."

Ellen Deckinga says her documentation has improved, which is crucial when finding services for her clients. "Now when I look up a client in IMPACT, I am able to access detailed information at a moment's notice. This is crucial because now we can communicate better about our clients' needs and better document all our contacts with children, parents, foster parents, attorneys, service providers, and others. This also helps my supervisor Sharon because she can see more of the details related to my caseload."

CyberSecretaries is also available for Adult Protective Services and Child Care Licensing caseworkers as well.

Internet web site where residential treatment providers could enter information into a live database regarding the number of openings in their facilities and the type of care they could provide. Caseworkers can now search this database and find which placement options are available for children. The result has been greater success in matching children with appropriate placements.

- ◆ When children with special needs come into CPS care, it is not always possible to find qualified caregivers who live in the same community or region of the state. As a result, children may be placed many miles away from their biological homes. To have contact with these children, caseworkers have traveled from their home offices to the cities where the children were placed. In 2005, CPS implemented the "I See You" program, which assigns a secondary worker in the local office to visit the child. This new procedure ensures children are visited more frequently and that caseworkers are better able to monitor the care being provided.
- ◆ In 2005, CPS began to address systemic factors and identify improvements in practices to address the disproportionate representation and disparate outcomes for African-American children and their families within the CPS system. The program looked at issues surrounding not only the disproportionate rate at which such children enter the CPS system, but also the equity with which children of color and their families are provided access to available services. The agency also looked at the disproportionate and disparate outcomes for African-American children once they are engaged in the child welfare system. Those include all phases of service, such as investigation, removal, placement, and emancipation. By promoting parity, outcomes will be improved for all children and families in Texas. CPS dedicated specific staff to this initiative and has begun to work with community advisory groups in Port Arthur, Houston, and several sites in the Arlington region. The agency provided training statewide to CPS leadership to begin to address systemic factors that contribute to disparate outcomes.



- ◆ DFPS worked with the Texas Department of State Health Services (DSHS) to develop best practice guidelines concerning the use of psychotropic medications for children in foster care. The guidelines were developed by a panel of child and adolescent psychiatrists, psychologists, and other mental health experts and implemented in March 2005. DSHS posted the guidelines on its web site and distributed them to Medicaid providers. DFPS posted the guidelines on its web site and distributed them to staff and contracted providers of residential child care.
- ◆ In 2005, CPS expanded its implementation of the Family Group Decision-Making Initiative to other cities across the state. In this initiative, the child's family is invited to participate in a facilitated conference along with the extended family and trusted friends. The conferencing process focuses the family on the needs of the child and community resources available so that decision-making is more inclusive and responsive to each child's needs. The process includes identifying the strengths of the family, as well as the family's goals, hopes, and dreams for the children. Family Group Conferencing also addresses the need for CPS involvement, any continuing concerns, and the tasks required for the family to attain their goals related to child safety, permanency, and well-being. When this model is used, there is a higher rate of relative placements and satisfaction in families.
- ◆ In 2005, DFPS helped open a center in Houston for youth ages 16 to 21 who are transitioning out of foster care to adulthood. The transition center assists youth to gain employment, find stable housing, complete general equivalency diplomas (GEDs), and achieve self-sufficiency. The center was created through a U.S. Department of Labor grant given to only five states and is a joint collaboration between DFPS, the Texas Workforce Commission, and the Texas Juvenile Probation Commission.

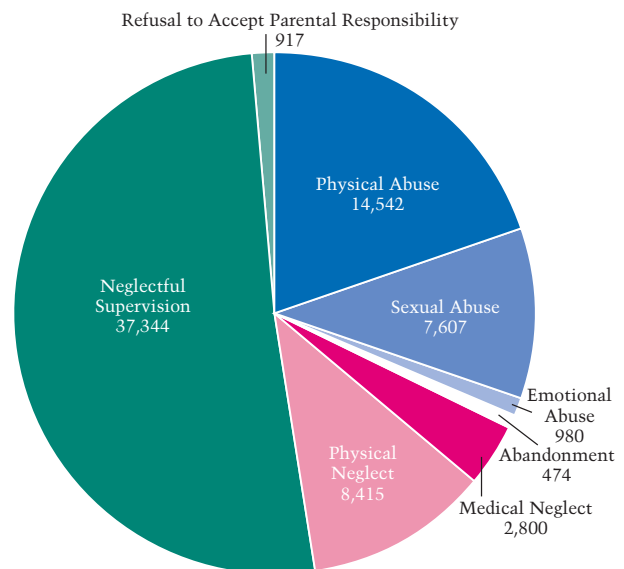
CPS Services

Intake

State law requires that anyone who believes that a child is being abused or neglected report the situation to the DFPS abuse hotline. DFPS administers a toll-free, 24-hour statewide hotline for reporting suspected abuse or neglect of children, the elderly, or people with disabilities at 1-800-252-5400. People can also report online through a secured web site at <https://www.txabusehotline.org>. Anyone needing to report abuse or neglect (in English or Spanish) can reach a professional intake worker. All reports meeting the statutory definitions of abuse and neglect are assigned a priority based on the level of risk to the alleged victim. Law enforcement agencies are also notified of reports regarding children.

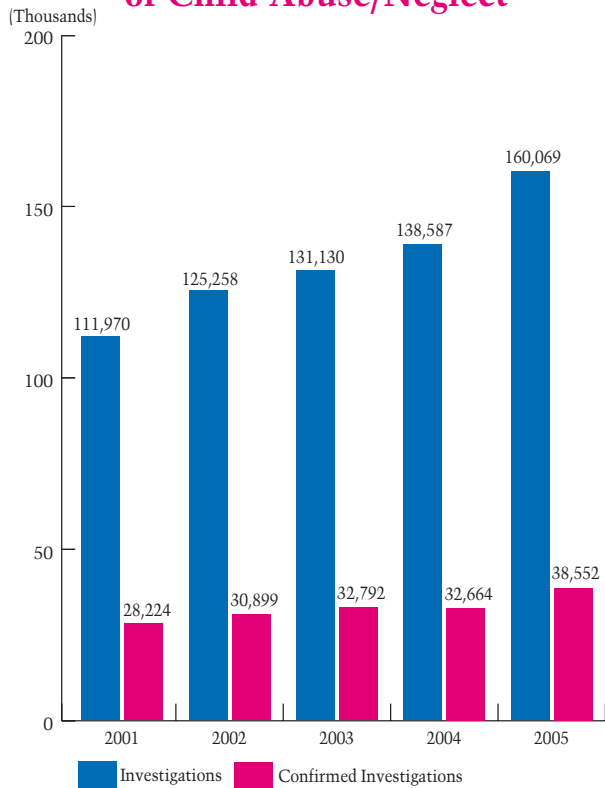
DFPS received 234,383 reports of child abuse and neglect in 2005. During 2005, the general public took advantage of the new option for reporting suspected abuse and neglect through a secured web site (a similar web site just for professionals to report abuse online was implemented in 2004). In 2005, 40,542 web-based reports of abuse or neglect were received

Confirmed Victims of Abuse/Neglect by Type FY2005





Completed Investigations of Child Abuse/Neglect



through this Internet reporting option—a substantial increase compared to 20,883 in 2004.

Investigations

When an intake report is assigned, CPS workers interview children, parents, and others with knowledge of the family. These interviews help determine if child abuse or neglect has occurred and assess the risk of further harm to the child. If criminal conduct is involved, law enforcement may investigate at the same time to determine if criminal charges will be filed. In 2005, CPS completed 160,069 investigations. Even if evidence of abuse or neglect is not found, caseworkers may refer families to services in the community, such as individual or family therapy, parenting classes, or programs offering financial assistance for utilities, rent, and child care.

Family-Based Safety Services (FBSS)

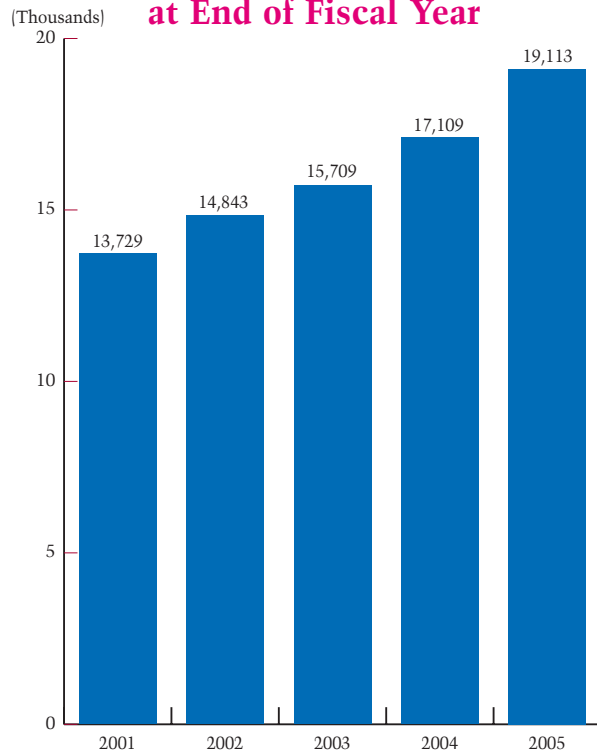
When child safety can be reasonably assured, CPS provides in-home services to help stabilize the family and reduce the risk of future abuse or neglect. Services provided include family counseling, crisis intervention, parenting classes, substance abuse treatment, and child care.

Most children served by FBSS continue to live at home while the agency works with their families. In other cases, children may live elsewhere temporarily, usually with relatives or family friends, until the home becomes safe enough for them to return. In 2005, an average of 11,526 families per month received in-home services.

Foster Care

When it is not safe for children to live with their own families, CPS petitions the court to remove the children from their homes. They may be placed temporarily with relatives, a verified foster family, or an

Children in Foster Care at End of Fiscal Year





emergency shelter. Verified foster families provide a safe, nurturing environment for most children in CPS care. Foster families receive reimbursements for the cost of caring for children. CPS is required to arrange all medical, dental, and therapeutic services needed by the child. Some children have special emotional needs or other disabilities that can be difficult to address in a foster home. These children may be placed in specialized group homes, residential treatment centers, or other facilities.

Permanency-Planning Teams

When children are removed from their home and placed in the state's custody, CPS caseworkers, parents, and caregivers work together to develop a written case plan and address the factors that caused abuse or neglect. They also review progress made in the case plan on a regular basis with the input of the other professionals involved in the case. The goal is to ensure that children live in a stable, nurturing environment and do not remain in foster care. This coordination helps all parties concerned to determine a permanent living arrangement for the child, which is known as a "permanency plan." Whether the plan is for a child to return home or be adopted, the team works to avoid unnecessary delays in permanency. In instances where Family Group Decision-Making has been initiated, the family group conference replaces a Permanency-Planning Team meeting.

Kinship Care

For many generations, extended families have raised children in their homes when the birth parents could not. Kinship care helps reduce the psychological trauma experienced by children when they are removed from their homes and families due to child abuse and neglect.

Through Family Group Decision-Making, CPS tries to strengthen the participation of extended family members in planning for the safety, permanency, and well-being of children in substitute care. Family Group Conferencing also addresses the need for CPS involvement, any continuing concerns, and the tasks required for the family to attain their goals related to child safety, permanency, and well-being.

CPS has two additional initiatives—Supporting and Educating Relatives As Placements (SERAPE)

Months Spent in State Care for Children whose Adoptions were Consummated



and Comprehensive Relative Enhancement, Support, and Training (CREST)—to provide extended families with services such as case management, training and support groups, family counseling, and day care. CREST is a statewide program and SERAPE is in five South Texas Counties. The SERAPE initiative also provides limited financial assistance.

Adoption

When it is not possible for a child to return home, the court may terminate the parents' rights and legally make the child available for adoption. DFPS completed 3,173 adoptions in 2005. DFPS contracts with licensed private child-placing agencies to increase the number of adoptive homes available to adopt foster children. At the end of 2005, there were 4,580 children in the department's custody waiting for adoption. Of these 2,980 are in placements not intended to be permanent.



*I*t's hard to sum up how the women and men of Texas Department of Family and Protective Services (DFPS) across the state helped victims of Hurricane Katrina, let alone survived and began to put back the pieces after Hurricane Rita. Yet in a variety of ways DFPS staff helped at least 24,000 evacuees and logged more than 12,000 hours of service.

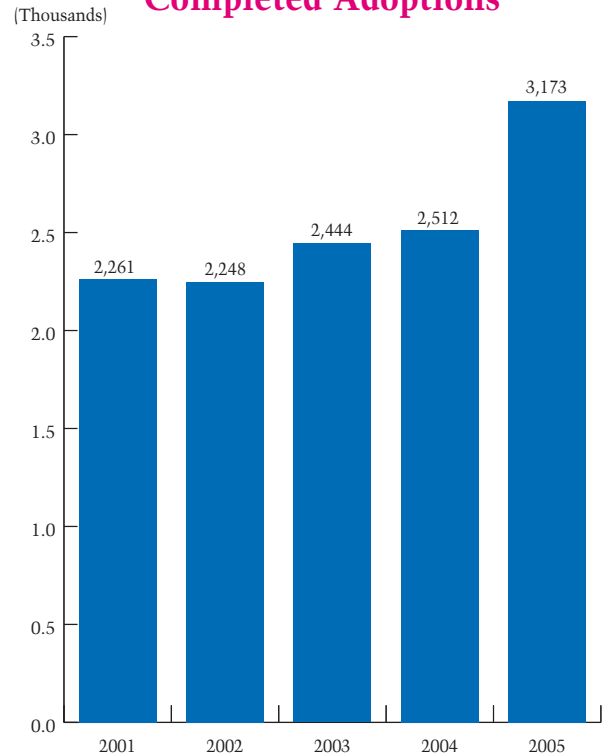
When a boat came by Charnell Francois' flooded house in New Orleans, she didn't really have much choice when they told her they only had room for her 2-year-old daughter Rikaye and 7-year-old son Ikee. She wanted to get them to safety first, even if it meant being separated from them. The boat's "captain" said he'd come back for her later, but he never did. Charnell was eventually rescued off the roof of her house by a helicopter.

Charnell had been under the impression that her children were taken to Lafayette, but soon learned they were actually in foster care in Dallas. "After I got to the shelter, I went on the computer to say that I was looking for them," Charnell said. "Days later a lady and a man from Child Protective Services came and I was sleeping. I woke up when I heard them say my name. It was news that they had found my children and my momma. I'm glad that they found me."

Jose Chapa of Child Protective Services in San Antonio (pictured above with Charnell and her children) was able to persuade Southwest Airlines to fly her to Dallas to meet with her kids. Once they were together again in San Antonio, he relaxed just long enough to hand out lollipops to the children.

Before Hurricane Katrina, all of Charnell's family lived in New Orleans, but now they are spread out everywhere. Charnell decided to try to resettle in Houston. "I am a certified nursing assistant. I was going to switch careers for business management, but I guess I'll stick with nursing. I hope we're not in San Antonio too long. I'm glad we're alive and safe."

Completed Adoptions



Dual-Licensed Homes

In 2005, 49.2 percent of adoptions were by foster parents. National studies indicate greater opportunities for successful adoptions in these situations because children and their new parents form a bond during the foster care placement. CPS makes a concerted effort to "dually license" homes for both foster care and adoption.

Recruitment of Foster and Adoptive Families

CPS actively recruits foster and adoptive families through national, state, and regional campaigns and through the Texas Adoption Resource Exchange web site. Examples include the statewide Foster Care Month in May, Adoption Awareness Month in November, the Congregations Helping in Love and Dedication (CHILD), and the One Church, One Child programs currently in place in Dallas/Fort Worth, Beaumont, Tyler, and Houston.



In 2005, Texas began to use “heart galleries”—a national movement involving photo exhibits of children waiting for adoptive families. Through heart galleries, professional photographers volunteer their time and skills to capture children's personalities and help them find loving homes. The impact on recruitment of foster and adoptive families has been very positive.

During 2005, there was also increased attention to mass adoption events. In recent years, CPS has worked with juvenile courts, adoptive families, attorneys, and others to schedule clusters of hearings for finalizing adoptions to coincide with the month of November, which is celebrated nationally as Adoption Awareness Month. Every year, there is a growth in the number of cities and counties that choose to hold such events.

Texas Adoption Resource Exchange

The Texas Adoption Resource Exchange (TARE) provides information on children waiting for adoption. Photos, profiles, videos, and inquiry forms are on the Internet at www.adoptchildren.org. TARE participates with other adoption organizations during national recruitment campaigns and promotes children on TARE in the AdoptUSKids national web site as well as other web sites. At the end of FY 2005, there were 1,063 children registered in TARE. In FY 2005, 432 children were adopted from TARE, 293 children were pending placement, and 250 children were removed.

TARE offers a toll-free Statewide Adoption and Foster Care Inquiry Line (1-800-233-3405) and the Adoption Family Network (AFN). AFN is a free, self-registration listing of adoptive families and individuals across the United States who are approved for adoptions. Through AFN, families may list their preferences on children they are willing to parent, and this information is available to CPS adoption staff through a searchable database. More than 1,000 approved adoptive families were registered in AFN in 2005.

The toll-free statewide inquiry line receives about 150 to 200 calls a month from prospective foster care and adoptive families across the state. These calls are entered into the Internet inquiry forms and forwarded to their respective regions as soon as they are received.

Faith-Based Collaborations

Begun in 2004, Congregations Helping in Love and Dedication (CHILD) is a unique statewide collaboration between Child Protective Services and Texas' faith-based communities. The purpose is to find loving homes for children who have come into the state's care due to abuse and neglect.

Adoption Support Services

Adopted children who have suffered abuse or neglect often need help coping with the effects of abuse and the loss of their birth families. Each CPS region contracts with private agencies to provide post-adoption services to adopted children and their families. Those services include case management, mental health services, therapeutic services to children and families, parent training, support groups, and respite care for adoptive parents. Post-adoption services were provided to 2,419 children and families in 2005.

Services for Foster Youth Transitioning Out of Care

Preparation for Adult Living

The Preparation for Adult Living (PAL) program helps make the transition to adulthood successful for youth in foster care. PAL services include independent living assessments, time-limited financial help, and training in such areas as money management, job skills, educational planning, and interpersonal skills. A statewide youth leadership committee meets quarterly to review policies and practices and submits recommendations to the DFPS Council and other decision-makers to improve services to children and youth.

In 2005, 6,474 youths ages 16 through 20, participated in the PAL program. In addition, 688 teenagers ages 14 and 15 received PAL services. Funds from the federal Chafee Foster Care Independence Act enabled CPS to provide aftercare room-and-board assistance for 922 young adults and case management services for 1,680 young adults ages 18 through 21 who exited foster care.



Education and Training Vouchers

In 2004, CPS received federal funding to create a new program that helps youth who age out of the state's care reach their educational goals. The Education and Training Voucher (ETV) program provides additional money for youth who have left CPS care and are going to school to help cover expenses such as rent, computer, day care, and transportation. The program supplements the state's Preparation for Adult Living (PAL) program and the state's tuition waiver program at state-funded universities, colleges, junior colleges, and vocational schools.

Working With Partners

Greater Texas Community Partners

Greater Texas Community Partners supports two projects that help CPS caseworkers meet the needs of their clients: Rainbow Rooms and Adopt-A-Caseworker. Rainbow Rooms, supported by community contributions, provide donated clothes, toys, formula, and supplies to caseworkers in a store-like setting. Adopt-A-Caseworker projects pair church and civic groups, businesses, and individuals with CPS caseworkers to help children. Participants donate items such as birthday gifts, household goods, bus passes, new clothes, gift certificates for children's meals, and money to pay for utilities. The unique public/private partnership between DFPS and local Community Partners groups throughout Texas supports 113 Rainbow Rooms and 220 adopted caseworkers.

Transfer of Programs

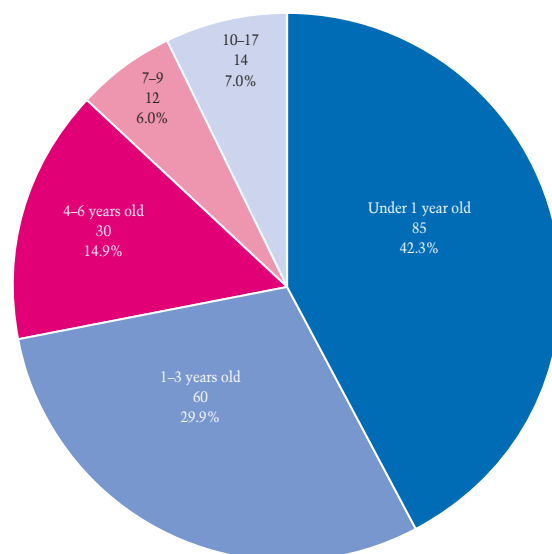
In 2005, the Texas Legislature transferred administration of the Children's Justice Act and Texas Court Improvement Project from DFPS to the Texas Center for the Judiciary. The Children's Justice Act works to improve the investigation and prosecution of child abuse and neglect cases through a variety of initiatives. The Texas Court Improvement Project is a federal grant to improve judicial proceedings in foster care and adoption cases. The transfer was completed in April 2005. In addition, the Texas Health and Human Services Commission transferred support for the state's

Child Fatality Review Teams from CPS to the Texas Department of State Health Services (DSHS).

Child Fatality Review

Every year, thousands of Texas children die as a result of automobile accidents, accidental drowning, congenital birth defects, accidental shooting, and many other causes. Child Fatality Review Teams are local, multidisciplinary, multi-agency panels that review all child deaths regardless of how they occurred. The goal of the review team is to decrease preventable child deaths. Members include law enforcement, prosecutors, medical examiners, justices of the peace, health care professionals, educators, and child advocates. These teams are uniquely qualified to understand what no single agency or group working alone can: how and why children are dying in their communities. From their findings, review teams help develop prevention and public awareness initiatives. Child Fatality Review Teams have grown rapidly since their inception in 1992. Today, there are 46 teams that cover 150 counties. Through CPS, DFPS provides technical assistance to the teams and is the state agency charged with maintaining public information associated with the teams.

Age of Fatality Victims Due to Abuse/Neglect





Abuse/Neglect Fatalities

CPS has developed both internal and external mechanisms to review child fatalities due to abuse/neglect. Citizen Review Teams, Child Fatality Review Teams, CPS Risk Directors, Regional CPS Child Death Review Committees, and the state Child Safety Review Committee all review child deaths. While each entity reviews child deaths for unique purposes, a common goal is to help CPS and communities identify the causes of child fatalities and develop strategies, programs, and training to reduce the rate of preventable child deaths, as well as provide intervention services to families and children at risk.

In 2005, of the children who died due to abuse or neglect, 42.3 percent were less than one year old, and nearly 72.1 percent were age three or younger. Of 704 child deaths reported in 2005, CPS confirmed abuse/neglect as the cause of death for 201 children.

Texas State Strategy

The Texas State Strategy is a collaborative systems improvement effort of Casey Family Programs and DFPS. The strategy addresses challenges in the areas of kinship services and foster care transition services in Texas. In 2004, Casey and DFPS addressed the increase in kinship care referrals and began evaluation of a kinship pilot in South Texas.

As part of the Texas State Strategy, a forum brought foster care alumni together with state agency leaders to work on strategies for improving services to children and youth. "Better Together" training was held for foster care alumni and adult partners to work together in communities. Technical assistance was provided for ongoing training of case-workers, care providers, alumni, and other stakeholders on life-skills tools. The web-based Chafee Assessment Supplement moved to the pilot stage.

