

## **Casey Family Programs**

# **Assessment of Foster Care Lengths of Stay and Permanency Outcomes in Harris County, Texas**

## **A Report to the Texas Department of Family and Protective Services**

**April, 2014**

## **INTRODUCTION AND EXECUTIVE SUMMARY**

This report summarizes findings from an assessment conducted by Casey Family Programs (“Casey”) during an approximately three month period from December, 2013 through mid-March, 2014. The assessment was undertaken at the request of Texas Department of Family and Protective Services (DFPS) Commissioner John Specia in order to identify potential policy and practice improvements within the Harris County, TX DFPS Child Protective Services (CPS) division<sup>1</sup> which could reduce lengths of stay in foster care and increase successful transitions to safe, permanent homes (“permanency”) for children who enter foster care in Harris County.

Data summarized in a DFPS presentation to Casey staff in October 2013 indicated that Harris County had a low rate of children entering foster care (1.7 per 1,000) compared to the entry rate for Texas statewide (2.4 per 1,000). Preliminary analyses performed by Casey staff in January, 2014 indicated that Harris County maintains low rates of children reentering care (5% compared to 20% nationally) and leaving within 30 days of entry (less than 1% compared to 10-11% nationally). An October 2013 DFPS presentation to Casey staff also indicated, however, that children who enter foster care in Harris County tended to stay in care significantly longer (29 months) than the Texas statewide average (22 months), and were less likely to be reunified with their families (22% in Harris County compared with 32% for Texas statewide).

The child welfare system in Harris County is served by both the state DFPS CPS division and a separate county administered agency, Harris County Protective Services (HCPS). DFPS operates the statewide centralized CPS intake system which receives and screens complaints and referrals of child abuse and neglect, and DFPS-CPS caseworkers are responsible for assessing child safety and investigating abuse and neglect referrals. DFPS is also responsible for removing children referred to the agency from homes determined to be unsafe, and for assuring that children placed in foster care find safe, permanent homes. The Harris County Attorney’s office represents DFPS-CPS in child protection cases requiring court involvement. HCPS provides direct services in support of DFPS-CPS through programs such as the Kinder Emergency Shelter, the Children’s Crisis Care Center (4Cs) and the HCPS Clinic, which provides a range of medical and dental services. HCPS also serves children and youth not involved with DFPS-CPS.

The assessment project described here was approved by the Casey Human Subjects Review Committee, and utilized multiple approaches including focus groups, interviews and online surveys to gather input from more than 200 professionals and child welfare stakeholders throughout Harris County. Focus group and interview participants and survey respondents included former foster youth; parents and caregivers of children and youth in or formerly in foster care; DFPS-CPS caseworkers, supervisors and managers; judges, guardians ad litem, and attorneys; and service providers in the Harris County child welfare system. We are grateful and indebted to the many DFPS staff members and other stakeholders who provided input and information for this assessment. This report has also been informed by a review of several recent prior reports related to the Harris County child welfare system, and by analyses of quantitative data provided by DFPS and from other sources.

While this report highlights a number of issues requiring attention in order to improve outcomes for children and youth in foster care, it should be emphasized that many children, youth and families currently receive quality care and services from skilled and dedicated professionals working in the Harris County child welfare system, both within the CPS division and in other departments and agencies. Findings and recommendations in this report are intended to point out opportunities for systemic improvement and steps to help achieve better outcomes for children and their families, and should not be taken as criticisms of any individual, group, or agency. It is our hope that the findings and recommendations in this report will be used to help build on existing strengths in order to further improve the child welfare system in Harris County.

Recommendations for improving foster care outcomes in Harris County are outlined below based on stakeholder input and analysis of other information gathered during this assessment process. In keeping with

---

<sup>1</sup> In this document the terms “DFPS-CPS” and “CPS division” are used to refer to the state child welfare agency. Harris County CPS, a separate county-run agency, provides various services in coordination with DFPS. The findings and recommendations put forth here pertain to the CPS division within DFPS rather than the county agency.

the original request from Commissioner Specia, these recommendations focus on practices and procedures within DFPS's purview and control. It became clear during the process of conducting this assessment, however, that lengths of stay and permanency outcomes in Harris County are also affected by issues in other departments and agencies, and by working relationships between DFPS and other entities. Achieving optimal outcomes for children and youth who enter foster care in the county will ultimately require focused, collaborative efforts among all stakeholders in the county.

Ten recommendations based on this assessment are outlined below, beginning with three high priority items. Casey Family Programs recommends immediate action on items 1-3, with the other recommendations to be implemented over time. These three recommendations can help create momentum for further change, free up staff by reducing caseloads, and set the stage for continued development of the IV-E Waiver proposal and the subsequent implementation of Waiver-supported interventions. The remaining recommendations can also contribute to the IV-E Waiver initiative, especially by helping to identify the needs of children and families in the child welfare system and by pointing out evidence-based practices to help address those needs.

## **HIGH PRIORITY RECOMMENDATION # 1**

### **Move 600 children to permanency by 12/31/14**

DFPS has the opportunity to focus on expediting permanency for a targeted group of more than 600 Harris County children noted in this report who have been in care for more than 2 years, most of whom have an adoption goal; many of this group have been in their current foster or kinship care placement for at least 1 year or are in pre-adoptive placements. This is about 41% of all long stayers in care more than 2 years, and over 80% of this group have already had parental rights terminated. Transitioning all of these children to permanency within a year would create an overall reduction of 17% in the total number of children in care in Harris County.

That progress toward legal permanency is stalled for this large group of children constitutes an imminent crisis for these children and their families, and for the child welfare system in Harris County. Action must be taken immediately to move children in this group to safe, legal permanency as quickly as possible.

A number of procedural issues were identified in the course of this assessment as slowing progress toward permanency for many of these children, including:

- Significant delays in the case record redaction process;
- Lack of support for caseworkers and prospective families in completing the risk evaluation process;
- Delays in completion of paperwork required in order to transfer cases to the adoptions unit (birth certificates, social security cards, health/education/social evaluations), and lack of reasonable flexibility around paperwork requirements;
- Failure to include all parties in adoptions selection staffings;
- Confusion about Foster Adoptive Home Development (FAD) and Adoption worker case assignments in the (new) Harris County Office (since the workers typically work regionally);
- Required use of amicus attorneys for adoptive homes even though DFPS has approved the home.<sup>2</sup>

### **Recommended steps to achieve the goal to exit these 600+ children are:**

- Senior leadership should implement an accountability process to provide information to staff about progress toward permanency for each child in this group of cases. The process should include a meeting at least monthly at which senior level managers will report on the progress for each child for whom they are responsible. G-Force meetings used in Georgia and the 4 Disciplines of Execution are examples of successful models for this step.

---

<sup>2</sup> Many stakeholders mentioned issues with the courts as affecting transitions to permanency for children in foster care. Some changes have occurred or are underway in Harris County courts; required use of amicus attorneys and other issues described by stakeholders may not affect all courts.

- Immediately increase staffing resources to ensure the goal is achieved. Staff could pick up activities such as working with families to complete risk evaluations, pre adoption paperwork, preparation of case files and redaction. Staff could be re-assigned from state office, other regions, or retired staff could be brought in as temporary hires. Los Angeles County, CA used this strategy when the agency there implemented a similar permanency campaign.
- Conduct case-level reviews to identify barriers to permanency for each child in this group of cases. Have decision makers in the room for each review to address any policy, practice or funding issues that arise. Permanency Roundtables are an example of a case review methodology that has been used to expedite permanency for children in Georgia and other states.
- A full review of the adoption process for children in foster care could be conducted beginning with how children become eligible for adoption and ending with adoption finalization. The goal of this analysis would be to identify and implement improvements to the adoption process and address issues already identified in the course of this assessment. This analysis should focus on internal DFPS processes over which the department has control.

## HIGH PRIORITY RECOMMENDATION # 2

**Make clear to all CPS division staff that timely movement of children in care to safe, permanent homes is “Job 1”** for everybody at DFPS, every day. These values and principles should be incorporated into a formal TX DFPS Practice Model to be implemented statewide. Implementation in Harris County should occur early in this process.

Various stakeholders have told us that they see little sense of urgency about moving children and youth from foster care to permanency in a timely manner. Case transitions and progress toward permanency are frequently stalled by poor internal communication and a “siloe” organizational culture. This is seen not as a problem with the performance of individual caseworkers, supervisors or administrators; rather, it is the result of systemic inefficiencies which must be addressed through system-wide action.

Strong leadership and clear communication will be required to initiate and sustain this culture change within DFPS. Casey can help DFPS develop and implement internal and external communications to assure that staff throughout the CPS division, external partners, and the community understand key organizational values and the rationale behind required actions, and to increase staff buy-in for change efforts and to reduce problems which may occur under conditions of rote compliance such as poor or incomplete execution. Casey can also offer consultation and support in developing and implementing an accountability approach and a case review process from consultants who have successfully led similar change efforts in other jurisdictions.

## HIGH PRIORITY RECOMMENDATION # 3

**Define Harris County DFPS operations geographically.** Currently, all DFPS-CPS offices in Harris County serve families throughout the county and caseworkers must travel extensively within this large urban county to carry out their job duties. This is clearly inefficient and cuts into time available for caseworker visits with children / youth and families and other essential contacts.

Other large, urban child welfare agencies typically divide geography into smaller catchment areas in order to facilitate more timely and efficient service delivery. For example, the New York City Administration for Children’s Services divides the city according to which of five boroughs a family lives in, and apportions workload for purposes of initial investigations within each borough by zones and then by neighborhood areas known as “community districts”; ongoing services are provided by private agencies which also primarily serve specific geographic areas within the city.

DFPS should explore the possibility of dividing Harris County into multiple catchment areas and assigning CPS units to cover specific catchment areas. This new system would replace the current case assignment system, in which all caseworkers may carry cases in all areas of the county. Ideally, foster care placements and other

services would also be localized in these catchment areas so that children and families can receive services close to home, including out-of-home care when necessary.

There are multiple potential benefits to geographic districting, including the following:

- Significantly reduced travel time for caseworkers
- Children and birth families could receive services and complete visitations closer to home
- More children could remain in their familiar community environments
- Reduced school changes for children
- Caseworkers, families, and service providers could develop effective community-based working relationships and become accustomed to working together
- Caseworkers could gain familiarity with available resources in each catchment area and identify service gaps requiring agency attention

An analysis to define catchment areas will take at least several months, and the ultimate implementation time frame will vary depending upon how DFPS transitions cases to newly assigned caseworkers. If cases are re-assigned to new workers in catchment areas, implementation may be accomplished fairly quickly. Casey can assist in mapping cases to catchment areas, and can provide consultation from any of several Casey Strategic Consultants who have implemented similar systems in other jurisdictions. In Los Angeles County, CA, a similar districting initiative was successfully carried out by a group of middle managers familiar with neighborhoods and service needs within the county.

## LONGER TERM RECOMENDATIONS

Casey Family Programs is aware that DFPS is engaged in several efforts to address leadership development, staffing, and data-driven decision making. The following recommendations are provided to DFPS for consideration either as new initiatives specific to Harris County Region 6, or as enhancements to the existing agency-wide efforts DFPS is currently planning or implementing that will subsequently impact the Region.

4. Work with Harris County DFPS management to instill an effective structured leadership approach to increase capacity for organizational change. The goal of this recommendation is to increase the capacity of Harris County DFPS management to execute organizational plans and strategies that require behavioral change. Harris County DFPS leadership should adopt a structured approach to leadership that helps them:
  - Set and focus closely on organizational priorities;
  - Define key outcomes and monitor performance indicators; and
  - Create shared accountability among staff

There are established leadership approaches, such as Stephen Covey's Four Disciplines of Execution (4DX), that managers can apply to achieve these goals. A part of any leadership approach should be the ability to use data to track outcomes and identify strategies to achieve organizational objectives. Regular conversations need to occur around data, desired outcomes, current status, and course corrections. Casey can provide formal mentoring and training for Harris County DFPS management around these and other leadership approaches.

5. Take steps to attract and retain well qualified caseworkers and address job conditions contributing to turnover. Numerous transitions in caseworker assignments disrupt momentum toward permanency by forcing children/youth and their families to "start over" repeatedly with new caseworkers. Data provided by DFPS indicate a turnover rate of 26.1% among DFPS-CPS caseworkers during 2013, with a position vacancy rate of 9.7% (more than 75 vacant positions) at year's end.

Various jurisdictions have implemented steps to reduce turnover, including careful evaluation of job candidates' critical thinking and writing skills; realistic job previews to assure that prospective caseworkers understand the job they're applying for; "stay" interviews to assess and address job satisfaction issues at

60 and 90 days after hiring; and career ladder approaches tying advancement to continuing education and satisfactory completion of ongoing training.

6. Conduct further data analysis to:

- Learn more about youth with long stays in care, in order to answer questions such as the following:
  - Are there long staying youth in stable placements who are achieving positive wellbeing outcomes? If so, should those youth be candidates for adoption? Should current foster parents be approached regarding possible adoption?
  - Are there common supports or scenarios shared by Harris County foster youth who have successfully exited to safe permanency? Can similar supports or scenarios be provided to youth currently in care?
  - Are there common gaps in support for Harris County foster youth who are not in stable placements and/or who are not achieving positive well-being outcomes? What do these youth need?
  - Develop additional strategies for helping youth in this group reach permanency.
- Perform a detailed longitudinal, entry-cohort analysis of Harris County foster care permanency outcomes by DFPS office, work unit, and court of jurisdiction. Such an analysis could make use of existing data to help identify practices associated with better outcomes where those occur, and could also point out offices / work units and courts which could most benefit through adoption of practice improvements.
- Perform a detailed, time-study analysis of DFPS caseloads and workloads in order to determine objectively whether caseworkers have manageable workloads, and to identify where additional staffing may be needed in order to reduce and eliminate FTE vacancies and assure an adequate workforce for all offices and work units.

Casey can provide assistance in recommending approaches to glean more information from available data, in conducting further data analyses, and in utilizing data output to identify additional steps to help more children in care transition to safe, timely permanency.

7. Adopt and fully implement in Harris County the Texas DFPS Adoption Best Practices described in the “Adoption Best Practice Guide” published in March, 2013. Many of these best practices may already be in use; implementing the full set of best practice guidelines could significantly improve case transitions and expedite permanency for children and youth in foster care.

In addition, Harris County could increase use of family engagement strategies such as Family Group Conferencing and Family Group Decision Making. When implemented throughout the life of a case, these services have the potential to establish a more collaborative process for information gathering and decision making, and may help to uncover additional options for permanency in many cases. Several other states including Arkansas, California, Idaho, Montana, Ohio and Pennsylvania have developed IV-E Waivers to support these or similar approaches.

8. Explore the best use of DFPS court liaisons. DFPS should examine the current role of its court liaison staff and also learn how other jurisdictions use this function. Increasing the number of court liaison positions should be considered if needed. In some jurisdictions, court liaisons provide direct feedback to supervisors regarding caseworker preparation and performance in court, and in some jurisdictions court liaisons handle all duties related to court hearings including appearing before the judge to represent DFPS except for contested cases, in which the assigned caseworker attends the hearing.

9. Expand the new supervisor training program to Harris County as part of a broader supervisor development initiative. A new supervisor training program based on a curriculum developed by Cyndi Lietz and begun in Region 8 is being expanded to other regions. It is recommended that Program Administrators and Program Directors receive the training first, followed by supervisors. The training should be provided to Harris County CVS supervisors as soon as possible as part of a broader supervisor development effort to include

periodic specialized training, follow-up coaching, and peer learning opportunities such as supervisor circles.

10. Consider implementing comprehensive front end assessments, including trauma informed assessment practices, to better understand the needs of children and families referred to DFPS-CPS. Using the best possible initial assessment process can assure that critical child and case factors are identified and targeted for intervention, and can help in making well informed decisions throughout the life of a case.

## **OUTLINE OF THE REPORT**

The remainder of this report is divided into several sections, which appear in the following order:

- 1) Lessons learned from other jurisdictions
- 2) Description of this assessment project
- 3) Quantitative analysis of AFCARS, NCANDS and DFPS data
- 4) Focus groups, interviews and online surveys conducted as part of this assessment
- 5) Conclusion and next steps
- 6) Appendices A, B and C

## **LESSONS LEARNED FROM OTHER JURISDICTIONS**

A number of other child welfare jurisdictions have successfully reduced use of foster care, including lengths of time that children / youth stay in care, and have improved permanency outcomes for those who do enter care. Experiences from these jurisdictions may be informative for system improvement efforts in Harris County. A 2008 report authored by Dee Wilson of the University of Washington School of Social Work<sup>3</sup> profiled steps taken in five jurisdictions including Allegheny County, PA; Los Angeles County, CA; New York City; and the states of Illinois and Utah. This group of state and local child welfare systems includes three of the largest urban child welfare jurisdictions in the US.

Reforms in each jurisdiction were preceded by high profile child deaths and accompanying increases in removals and out-of-home care populations. Public child welfare agencies faced intense public and political pressure to improve outcomes, ensure child safety, bring down foster care populations and rein in budget increases. In most of these jurisdictions, new leaders were brought in to make a fresh start. These leaders were able to convince legislatures, county commissioners and foundations to make new investments in much-needed reforms. New York City's Administration for Children's Services (ACS), for example, received \$600 million in new funds over six years to reduce caseloads, increase caseworker salaries, improve training and enhance preventive services. New leaders were also successful in motivating child welfare managers, supervisors and line staff to improve practice.

In order to ensure child safety, each of the jurisdictions reduced caseloads of CPS investigators and introduced new safety and risk tools. In IL, New York City and UT, the average number of new investigations per month was reduced to 12 per investigator.

High caseloads for foster care caseworkers were common before reforms were initiated. In IL, for example, caseworkers carried caseloads of 60-80 cases, resulting in poor casework and chronic tensions with courts. Reductions in the overall number of children in care resulted in decreased average caseloads for caseworkers: 15 in IL, 12-14 in UT, 17-20 in Allegheny County, and 20-25 in Los Angeles County and New York City. Lower caseloads were possible in part because reductions in overall foster care populations were not accompanied by FTE reductions.

Rapid reductions in foster care census were achieved in part by targeting youth who had grown up in foster care and for whom efforts at achieving permanency had ceased. All of the jurisdictions successfully expedited and increased the number of adoptions from care. IL and Los Angeles County moved a large number of youth to subsidized guardianships. The use of long-term foster care as a permanency option was greatly reduced. In IL, performance-based contracting with service provider agencies led to an increase in exits to permanency.

Each of the jurisdictions made large, up-front investments in order to reduce CPS caseloads, increase caseworker salaries, provide new services to kinship caregivers and enhance prevention and family support services. The agencies maintained funding for foster care, however, even as foster care populations declined. This was accomplished through 1) use of IV-E waivers, and 2) foster care rate increases. IL and Los Angeles County had waivers that allowed IV-E funds to be spent on subsidized guardianships and other initiatives. Allegheny County, IL and New York City also increased foster care rates, allowing private agencies to decrease caseloads and improve foster care services. Through use of IV-E Waivers and other mechanisms, these jurisdictions were able to capture and reinvest foster care savings into financial support for guardianships and adoptions, preventive services, caseload reductions and improved services for children in foster care.

Although child safety remains a major concern with elected leaders and the public, there is no reason to believe that maltreated children are less safe in these jurisdictions than elsewhere, or than in these jurisdictions before the changes described above. All of the jurisdictions except Allegheny County have experienced leadership changes since the inception of reforms, but have been able to sustain their reform agendas through broad-based buy-in from stakeholders.

---

<sup>3</sup> Wilson, D. (2008). "Reducing the Number of Children in Foster Care: Major Themes from Allegheny County, Illinois, Los Angeles County, New York City and Utah". Seattle, WA: Casey Family Programs (unpublished).



A 2012 briefing paper from the Washington State Department of Health and Social Services (DSHS) Children's Administration<sup>4</sup> describes several initiatives in that state specifically focused on reducing lengths of stay and achieving permanency for children in care in foster care. These initiatives involve the collaborative efforts of the state's Children's Administration (CA), the Attorney General's Office (AGO), the Administrative Office of the Courts (AOC) and county-based courts. A Children's Administration Assistant Secretary and a former state Supreme Court Justice co-chair the Supreme Court Commission on Children in Foster Care, and the AOC and CA are working together on a project to analyze how court process measures interact with specific child outcomes. CA and the AOC are also working together with the AGO to identify root causes and barriers to permanency; identifying barriers is also a strategy of CA and the courts through the Court Improvement Program, which also is working to improve data collection and to provide high quality judicial and stakeholder education.

Other initiatives in Washington focus more on policies and practices within CA, such as developing Unified Family Home Studies so that families can be approved for both foster care and adoption through a single approval process; implementing Permanency Roundtables aimed at achieving permanency for youth, particularly those who have been in care the longest; expediting adoptions by concentrating staff resources on pre-adoption work to finalize adoptions of children already in a permanent home; and use of permanent legal guardianships.

Data indicates that Washington's initiatives have made significant progress in shortening the time to guardianship and adoption, and that improvements have been made in reducing median days from petition filing to a fact-finding hearing; percent of cases with a termination of parental rights (TPR) petition filed before 15 months in care; and median months in care prior to a TPR petition.

Some prior reports have mentioned poorly coordinated interactions among DFPS-CPS and the courts and between the CPS division and provider agencies as issues affecting permanency outcomes for children who enter foster care in Harris County. One approach to this issue might be to follow the lead of states including California and Massachusetts, where IV-E Waivers have been proposed or implemented to support organizational or systemic interventions intended to help improve inter-agency planning and collaboration.<sup>5</sup>

## **DESCRIPTION OF THIS ASSESSMENT PROJECT**

### **Overview**

The assessment project described in this report has included work efforts by approximately 20 Casey staff and has gathered input from more than 200 professionals and other stakeholders in Harris County. Information has also been derived from analysis of data provided by DFPS. This section of the report presents findings from analyses of DFPS and other data; summarizes workforce data from DFPS and an external source; then describes the process and findings of new research conducted as part of the present project.

### **Quantitative data analyses: foster care entries, lengths of stay, and transitions to permanency**

Quantitative data analyses for this assessment project were based on several sources including Texas data submissions to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) databases, and data provided by DFPS for this project. This section of the report summarizes findings from analyses of these data and offers recommendations for further analyses to inform system improvement efforts in Harris County. All analyses were performed during March, 2014 by the Casey Systems Improvement Data Unit.

---

<sup>4</sup> Washington Department of Health and Social Services Children's Administration (2012). "Briefing Paper: Reducing Lengths of Stay in the Child Welfare System". Available: <http://performance.wa.gov/VCA/VCA081512/ChildSafety/MedianLength/Documents/Briefing%20Paper%20LOS%20Final.pdf>

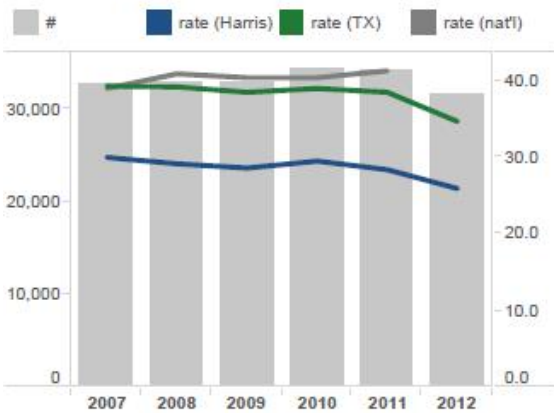
<sup>5</sup> [http://www.acf.hhs.gov/sites/default/files/cb/waiver\\_summary\\_final\\_april2013.pdf](http://www.acf.hhs.gov/sites/default/files/cb/waiver_summary_final_april2013.pdf)

*Entries to foster care: analyses of NCANDS data*

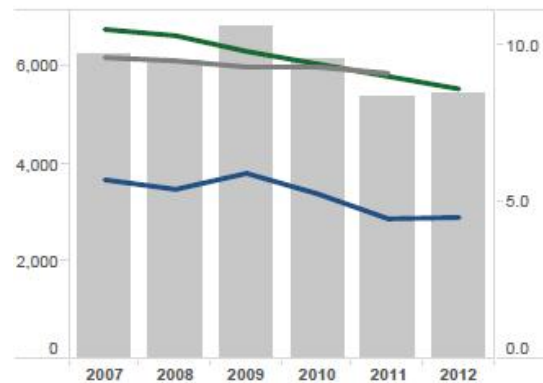
The NCANDS system collects voluntary data submissions from states in order to track trends in the incidence of child abuse and neglect at the state and national levels. While differences between states in definitions of abuse and neglect and in processes for counting and reporting to the NCANDS system limit the validity of some state-to-state comparisons, NCANDS data represent the most widely accepted counts of child maltreatment events and can be valuable in tracking trends over time within a state.

Analyses of NCANDS data confirm that children enter the child welfare system and enter foster care at lower rates in Harris County than is the case either statewide or nationally. In Harris County, the number of children receiving either a CPS investigation or a non-investigative alternative response declined from 32,746 in 2007 to 31,393 in 2012, while the rate of children receiving a CPS response per 1,000 children in the general population declined from 29.9 to 25.9 for the same period.

**Number and Rate of Children Involved in CPS Response** (unique count; rate per 1,000)



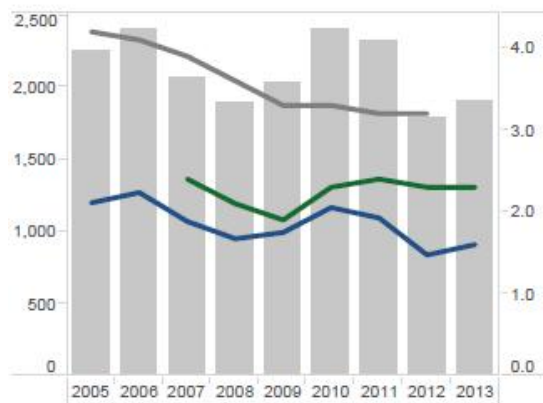
**Number and Rate of Children Involved in Substantiated CPS Report** (unique count; rate per 1,000)



The number and rate per 1,000 of Harris County children involved in substantiated child maltreatment reports also declined substantially from 2007 to 2012 and were well below statewide and national averages.

In keeping with those “front end” indicators, the number of children entering foster care and the rate of entries per 1,000 declined in Harris County from 2005 to 2013, and the county remains well below Texas statewide and national averages on both of these indicators.

**Number and Rate of Children Entering Care** (unique count; rate per 1,000)

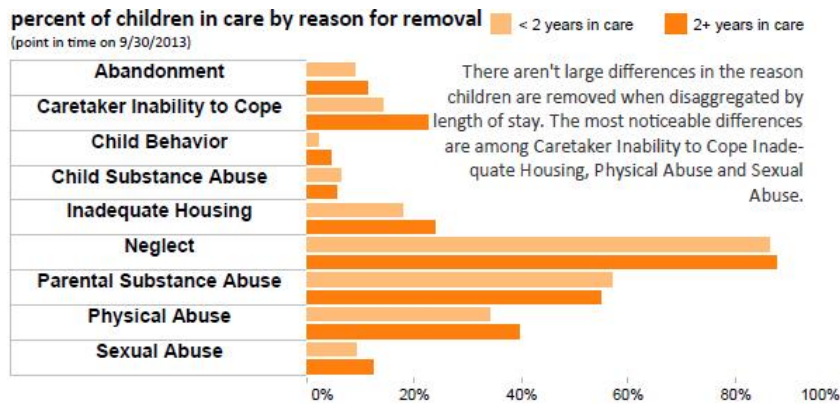


These analyses confirm previous reports indicating that children receive CPS responses, are substantiated as victims of abuse or neglect, and enter foster care at lower rates in Harris County than is the case statewide or nationally.

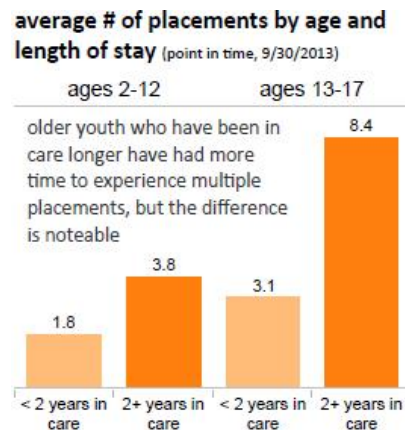
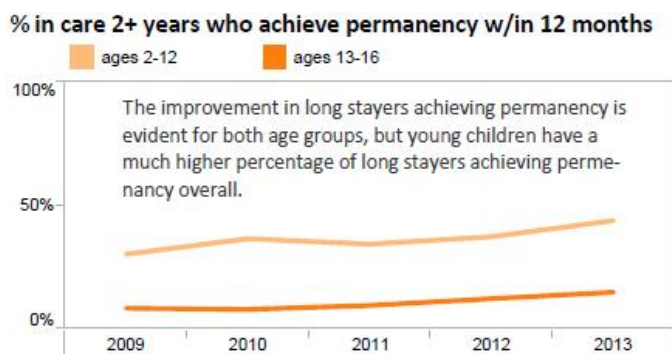
**Harris County “long stayers” in foster care: analyses of AFCARS data**

The federal AFCARS system collects mandatory reports from Title IV-E funded state and tribal agencies on children in foster care and those adopted from the foster care system, and includes demographic and other data on the foster care population together with data on placement changes and other key events. Because this assessment targets children and youth with long stays in foster care, AFCARS point-in-time data were analyzed to provide additional information about children currently in foster care for two years or longer. These analyses provide a snapshot of the Harris County long-stayer population in care on 9/30/2013, based on Texas’ most recent AFCARS data submission.

Nationally, about 26% of children in foster care have been placed for 2 years or longer; for Texas the statewide average is 23%. These figures contrast sharply with the 35% of Harris County foster children who have been in care 2 years or longer. There is little distinction between long stayers and the overall foster care population in Harris County on most AFCARS indicators describing the original reasons children were removed from their families.



Among long stayers, younger children ages 2 to 12 are much more likely to find a safe, permanent home within 12 months after the 2 year mark in care than are youth ages 13 to 16, while older youth are more likely than younger children to experience multiple placements both among long stayers and among the overall foster care population.

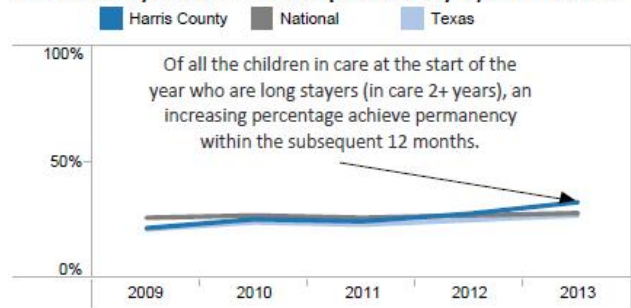


Some Harris County youth in care have a case goal described in AFCARS data as “Another Planned Permanent Living Arrangement” (APPLA), while among younger age groups more foster children are in kinship care and pre-adoptive homes. Transitions to permanency have increased for long stayers in Harris County as a group, with the proportion who gain permanency within 12 months increasing from 23% in 2009 to 35% in 2013. Permanency transitions for this group now exceed Texas statewide and national averages (both 30% in 2013). The first chart below shows a profile of Harris County long stayers by placement type and case plan goal; the second chart shows the increasing trend of Harris County long stayers reaching permanency between 2009 and 2013.

**profile of current caseload in care 2+ years**  
(point in time on 9/30/2013; for groups that represent at least 1% of the total)

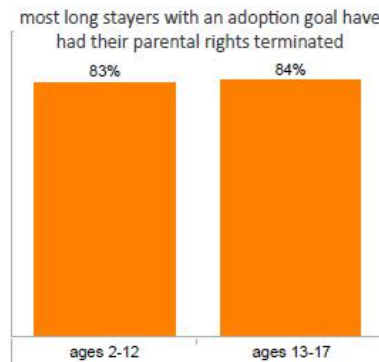
	ages 2-12			ages 13-17		
	Adopt	APPLA	Guardianship or Relatives	Adopt	APPLA	Guardianship or Relatives
Congregate care	5%			6%	6%	2%
Foster care	28%	1%	1%	10%	5%	2%
Kinship care	11%	Most of the long stayers in care have an adoption goal, regardless of age.	2%	2%		
Pre-adoptive home	9%		1%			
Runaway					1%	

**% in care 2+ years who achieve permanency w/in 12 months**



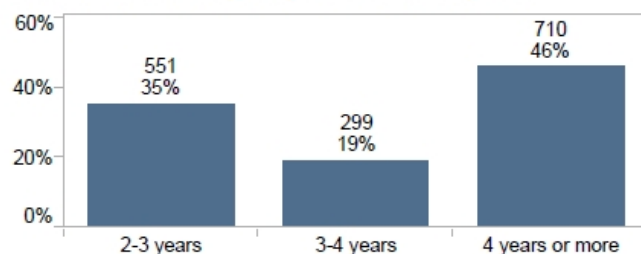
The relatively large proportion of Harris County long stayers who are legally freed for adoption, but currently remain in care, corresponds with stakeholder descriptions summarized elsewhere in this report of internal bottlenecks within DFPS which may slow case transitions between work units and stall progress toward permanency for many children, and suggests that many long stayers are poised to attain permanency if these internal organizational issues can be addressed.

**percent with adoption goal whose parental rights have been terminated**  
(point in time on 9/30/2013)

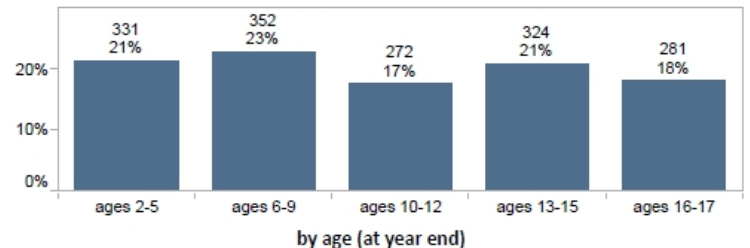


The Casey Systems Improvement Data Unit conducted further analyses to provide additional detail regarding the population of Harris County foster care long stayers in care for 2 years or longer. The following charts show the distribution of this population by length of time in care, and by age.

**distribution of long stayers in care 2+ years**



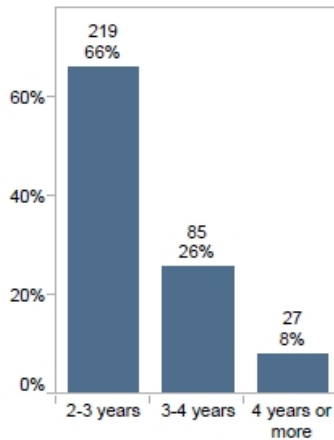
**distribution of long stayers in care 2+ years, by age at year end**



Further analyses were conducted in order to provide a more fine-grained look at the population of long stayers by age group. Among the youngest children (ages 2-5) who have been in foster care 2 years or more, nearly all have a case plan goal of adoption; 47% of those with an adoption goal have been in their current foster or kinship placements for 1 year or more, and 19% of those with an adoption goal are in pre-adoptive placements. Together, these sub-groups include 223 long stayers in the 2-5 age group, of whom 85% have had parental rights terminated. This is a significant number of children of whom most or all could likely transition quickly to safe, permanent homes if DFPS and the courts worked together to achieve this goal.

## Long Stayers Ages 2-5

distribution of long stayers, by length of stay



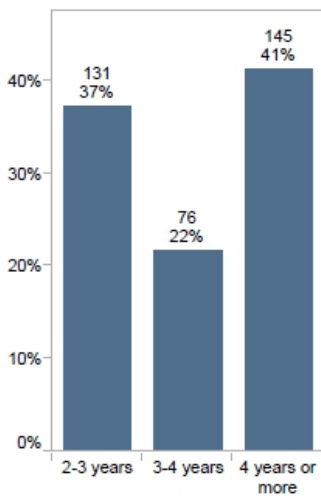
profile of current caseload in care 2+ years, by case plan goal and placement type

	Foster care					Kinship care					Pre-adoptive ..	
	< 6 mos	6-12 mos	12-18 mos	18-24 mos	2+ yrs	< 6 mos	6-12 mos	12-18 mos	18-24 mos	2+ yrs	< 6 mos	6-12 mos
Adopt	10%	8%	5%	8%	15%	2%	3%	5%	4%	10%	17%	2%
Guardianship or Relatives										1%		

Similarly, nearly all 6-9 year olds who have been in foster care 1 year or longer have a case plan goal of adoption. 41% of long stayers in this age group have been in their current foster or kinship placement for at least 2 years, and 14% of 6-9 year old long stayers with a case plan goal of adoption are in pre-adoptive placements. Together, these sub-groups include 193 long stayers in this age group, 85% of whom have had parental rights terminated.

## Long Stayers Ages 6-9

distribution of long stayers, by length of stay



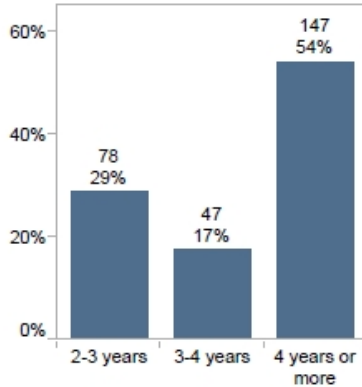
profile of current caseload in care 2+ years, by case plan goal and placement type

	Congregate care				Foster care					Kinship care					Pre-adoptive..		Trial ho..
	< 6 mos	6-12 mos	18-24 mos	2+ yrs	< 6 mos	6-12 mos	12-18 mos	18-24 mos	2+ yrs	< 6 mos	6-12 mos	12-18 mos	18-24 mos	2+ yrs	< 6 mos	6-12 mos	12-18 mos
Adoption	2%	1%	2%	2%	12%	8%	5%	5%	20%	4%	1%	4%	1%	7%	12%	2%	
Live with relatives														2%			
Reunification																	1%

Much the same pattern is seen again among 10-12 year old long stayers, the great majority of whom also have a case plan goal of adoption. 34% of this age group with an adoption goal have been in their current foster or kinship placement for at least a year; 10% are in pre-adoptive placements. Together these sub-groups include 120 children in the 10-12 age group of long stayers, 84% of whom have had parental rights terminated.

## Long Stayers Ages 10-12

distribution of long stayers,  
by length of stay



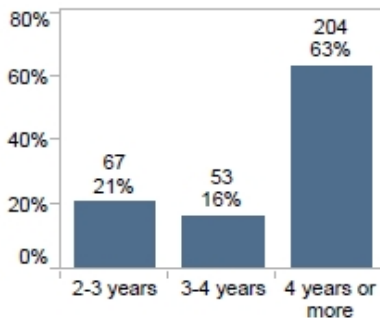
profile of current caseload in care 2+ years,  
by case plan goal, placement type and length of time in placement

	Congregate care					Foster care					Kinship care				Pre-adoptive ..	
	< 6 mos	6-12 mos	12-18 mos	18-24 mos	2+ yrs	< 6 mos	6-12 mos	12-18 mos	18-24 mos	2+ yrs	< 6 mos	12-18 mos	18-24 mos	2+ yrs	< 6 mos	6-12 mos
Adoption	4%	4%	3%	1%	2%	12%	7%	6%	4%	14%	3%	2%	1%	6%	8%	2%
APPLA						1%	1%			1%						
Live with relatives														2%		
Reunification						1%				1%						

Among 13-15 year old Harris County youth who have been in care at least 2 years, most also have a case plan goal of adoption. 22% of those in this age group with an adoption goal have been in their current foster or kinship placement for at least 1 year, and another 3% are in pre-adoptive placements. Together, these sub-groups include 83 long stayers in the 13-15 age group, 81% of whom have had parental rights terminated.

## Long Stayers Ages 13-15

distribution of long stayers,  
by length of stay



profile of current caseload in care 2+ years,  
by case plan goal, placement type, and length of time in placement

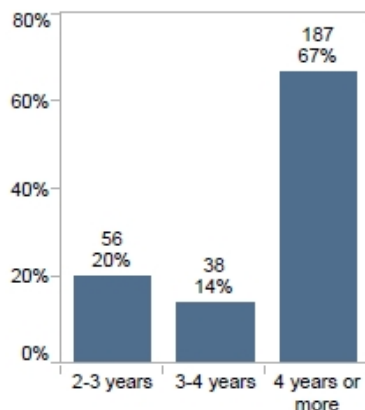
	Congregate care					Foster care					Kinship care			Pre-ado..
	< 6 mos	6-12 mos	12-18 mos	18-24 mos	2+ yrs	< 6 mos	6-12 mos	12-18 mos	18-24 mos	2+ yrs	< 6 mos	12-18 mos	2+ yrs	< 6 mos
Adoption	11%	4%	4%	1%	2%	12%	4%	5%	2%	11%	2%	1%	3%	3%
APPLA	5%	1%		1%	2%	2%	1%			3%				
Live with rela..	2%										1%			

Among 16-17 year old Harris County long stayers, only 33% have a case plan goal of adoption, while 52% have a goal of long term foster care or emancipation.<sup>6</sup> 67% of long stayers in this age group have been in care for 4 years or longer. Youth in this age group have a more limited range of permanency options, though some youth might still be able to find safe, permanent homes through concerted efforts by DFPS and the courts.

<sup>6</sup> Percentages in the table may not sum to those described in the narrative because table percentages have been filtered to show only groups comprising at least 1% of the total.

## Long Stayers Ages 16-17

### distribution of long stayers, by length of stay



### profile of current caseload in care 2+ years, by case plan goal, placement type, and length of time in placement

	Congregate care					Foster care					Kinship c..		No ..	Pre..	Runaway	
	< 6 mos	6-12 mos	12-18 mos	18-24 mos	2+ yrs	< 6 mos	6-12 mos	12-18 mos	18-24 mos	2+ yrs	< 6 mos	6-12 mos	< 6 mos	< 6 mos	< 6 mos	6-12 mos
Adoption	4%		1%		2%	4%		3%		2%	6%		1%		1%	4%
APPLA	13%	2%			4%	7%	3%	2%	1%	7%	1%		2%			4%
Guardianship										1%						
Live with relati..	3%			1%								1%				
Reunification	1%															

### Examining foster care trajectories: an entry cohort analysis

A third set of data analyses conducted for this assessment project involves a longitudinal (i.e.: following cases over time), entry cohort (tracking together all cases which enter foster care during a given period of time, such as a fiscal or calendar year) analysis of case-level foster care data provided by DFPS to the Casey Systems Improvement Data Unit. The entry cohort approach reduces the potentially confounding issue of duration bias<sup>7</sup> likely to be encountered using point in time or exit cohort analyses. A March, 2014 Technical Bulletin from the federal Children’s Bureau indicates that an entry cohort approach will be used in calculating permanency indicators for the next round Child and Family Services Reviews (CFSRs).<sup>8</sup> While previous information has suggested average time to exit from the foster care system to be about 29 months in Harris County and increasing, an entry cohort analysis suggests that typical lengths of stay have decreased in recent years and are significantly shorter, more in the range of 16-17 months (median).

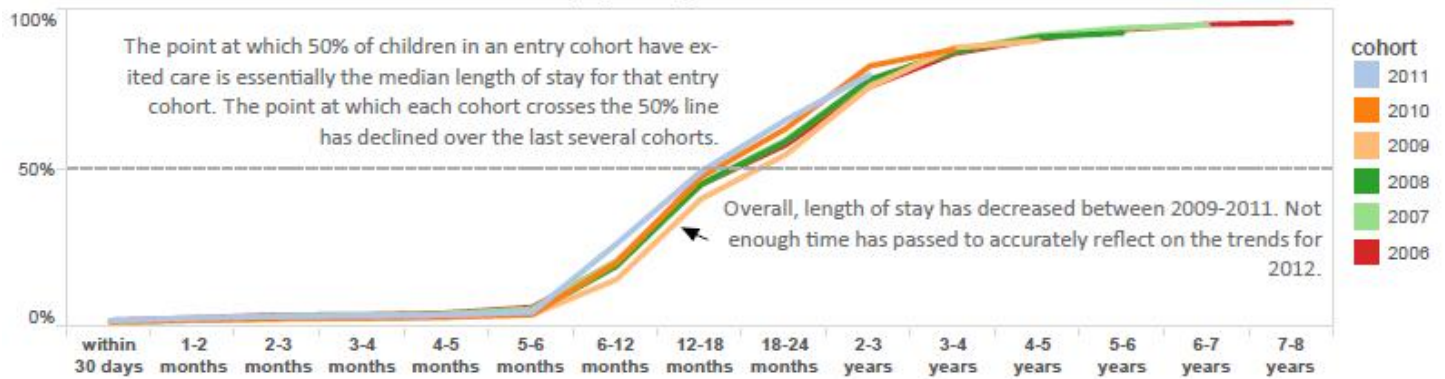
Part of the discrepancy between the present analysis and some previous reports may be due to what is meant by the seemingly innocuous term “average”. Analyses using the arithmetic mean as an average may be significantly skewed by extreme values—in this situation, by cases with very long stays in foster care—in the dataset. An exit cohort analysis—examining a group of cases LEAVING foster care during a given period—will tend to over-represent cases exiting long stays in care. Using the median—the middle value in any set of numbers ordered from smallest to largest—rather than the mean, and an entry cohort approach, the current analysis offers a more accurate picture of typical foster care lengths of stay.

<sup>7</sup> The term “duration bias” refers to the fact that exit cohort analyses (looking only at cases leaving foster care during a given period) tend to over-represent cases with long stays, which can provide a misleading picture of average lengths of stay. For more detail on entry cohort vs. exit cohort analyses, see: Testa, M., Koh, E. & Poertner, J. (2008). “Can AFCARS Be Rescued? Fixing the Statistical Yardstick That Measures State Child Welfare Performance”. Accessed 03-15-2014. Available:

[http://cfr.illinois.edu/pubs/rp\\_20080301\\_CanAFCARSBeRescuedFixingTheStatisticalYardstickThatMeasuresStateChildWelfarePerformance.pdf](http://cfr.illinois.edu/pubs/rp_20080301_CanAFCARSBeRescuedFixingTheStatisticalYardstickThatMeasuresStateChildWelfarePerformance.pdf)

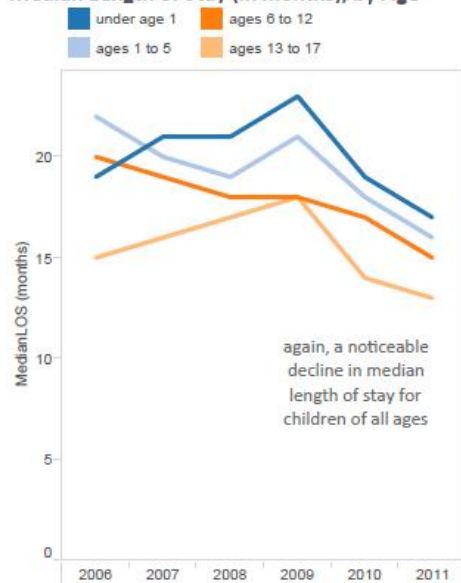
<sup>8</sup> [http://www.acf.hhs.gov/sites/default/files/cb/cfsr\\_tb7.pdf](http://www.acf.hhs.gov/sites/default/files/cb/cfsr_tb7.pdf)

## Percent of Children Who Have Exited Care, by Entry Cohort

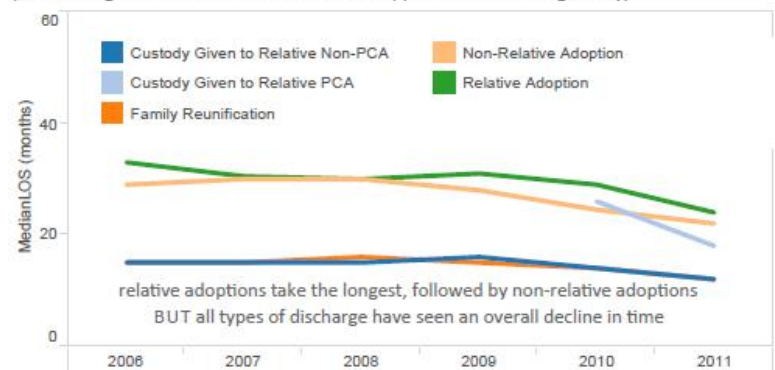


Additional analysis was conducted using an entry cohort approach to examine lengths of stay for different age groups. Results of this analysis suggest that while median lengths of stay decreased notably for Harris County foster children of all ages between 2006 and 2011, a sharp increasing trend around 2009 temporarily increased median time in care for most age groups, and lengths of stay varied between age groups for any given year. Analysis by discharge reason indicates a decreasing trend in lengths of stay for all discharge reasons, but reveals notable differences between groups, with adoptions by relatives being the type of discharge associated with longest length of time in care.

### Median Length of Stay (in months), by Age



### Median Length of Stay (in months), by Reason for Discharge (for discharge reasons with at least 30 children; permanent discharges only)



Despite the strengths of the entry cohort approach, these analyses do have limitations. Because the dataset captures all entries to care during a period of time, children may be represented more than once if they had more than one entry to care during the period. Because 50% of children who entered care during a period must exit before the median length of stay for that group can be estimated accurately, and it takes some time for 50% to exit, it wasn't possible to report median lengths of stay here for cohorts entering care during 2012 or 2013. With those caveats in mind, the entry cohort median length of stay analysis is nonetheless a potentially valuable approach for informing child welfare management decisions.

### Opportunities for action and points to consider in future analyses

Taken together, analyses performed for this assessment project offer a nuanced picture of lengths of stay and transitions to safe permanent homes for children and youth who enter foster care in Harris County, and point to potential opportunities for "quick wins" in helping more children reach safe, permanent homes.

- The detailed examination of foster care stays of 2 years and longer suggests that a significant number of Harris County children and youth in care might be able to transition to safe, permanent homes relatively quickly through focused, collaborative work by DFPS and the courts. What specific steps are needed in order to make that happen?



These analyses also raise several important questions which could be addressed fully or in part through future analyses of available data, including the following:

- What factors have contributed to the decreasing trend in foster care lengths of stay, and can those and / or other factors be used to help more Harris County children and youth reach permanency? What contributed to the spike in lengths of stay for many children around 2009?
- Are some Harris County long stayers currently in safe, stable placements which could be made permanent? If so, what steps are needed to accomplish that?
- Why does the group of children less than 1 year of age tend to stay in care longer than other age groups, and what steps might help more children in this group reach permanency sooner? Are permanency practices sensitive to the relatively young population of children entering care in Harris County? Are concurrent planning practices used effectively for children in this age group?
- How do policy and practice at the child welfare agency and judicial level impact which permanency options are considered and lengths of time required to achieve different permanency options? Is the menu of permanency options sufficient for ensuring that children achieve timely permanency? What factors delay the achievement of permanency for specific age groups?
- Does geography play a role in foster care trajectories and prospects for permanency in Harris County? Are long stayer cases widespread throughout the county, or do they come from specific communities and neighborhoods which could be targeted for further efforts to reduce unnecessary entries to care and improve outcomes for children and youth from those areas?

#### **Additional data summary: workforce information**

According to child welfare expert Jess McDonald, who headed Illinois' child welfare system from 1994-2003, "[t]he single most important improvement any system can make is to ensure it has a well-trained workforce with workloads that meet national standards... [W]ithout a solid and professional workforce the child protection system will never improve. That is an absolute, rock-solid guarantee."<sup>9</sup>

Because caseloads, workforce turnover and other workforce factors hold potential to significantly affect the quality of casework and case outcomes, including lengths of stay in care and timely transitions to permanency for Harris County children and youth, the project team requested data on workforce-related items, including caseloads, position vacancies and workforce turnover.

A December 2013 DFPS report titled "Monthly CPS Average Daily Caseload Per Worker" for Harris County indicated that average caseloads for that month were relatively high at 25 cases for Investigations caseworkers, 17.7 cases for Family Based Services caseworkers, 28.9 cases for Substitute Care caseworkers, and 32.8 cases for Kinship Services caseworkers. Foster / Adoptive Home Development caseworkers averaged 13.7 cases per caseworker. A separate, more detailed set of workforce data received from DFPS showed a turnover rate for Harris County CPS division workforce of 26.1% during 2013, with a year-end position vacancy rate of 9.7% (more than 75 vacant positions.)

A 2013 document from the Florida Legislature's Office of Program Policy Analysis and Governmental Accountability<sup>10</sup> summarizes information on child welfare caseloads, workforce turnover, entry-level credential requirements and starting salaries for 17 states including Texas. A summary of this information (below) shows that while starting salaries for child welfare caseworkers in Texas are similar to those for other states, caseloads and workforce turnover are among the highest among this group of states. Texas's per capita funding of child welfare programs (not shown) is the lowest among this group of states at \$198.12.

---

<sup>9</sup> <http://www.bradenton.com/2014/03/24/5064024/innocents-lost-how-floridas-dcf.html>

<sup>10</sup> [http://flsenate.gov/PublishedContent/Committees/2012-2014/CF/MeetingRecords/MeetingPacket\\_2402.pdf](http://flsenate.gov/PublishedContent/Committees/2012-2014/CF/MeetingRecords/MeetingPacket_2402.pdf)

## State Child Welfare Systems—Training, Turnover, Caseload, and Annual Salary

State	Training Administered by State or University/Institute	Turnover	Caseloads (Staff:Cases)	Entry-Level Salary Information (unless otherwise noted)
<b>STATE ADMINISTERED CHILD WELFARE SYSTEMS</b>				
Arizona	State	Child Protective Services Specialists 27.9% Child Protective Services Specialist Supervisors 10.9%	Investigations 1:15 In-Home 1:34	Child Protective Services Specialist \$33,312
Florida	State	Department Child Protective Investigators 19.5% Department Child Protective Investigators Supervisors 3.6% Sheriff Child Protective Investigators 19.9% Sheriff Child Protective Investigators Supervisors 6.1% Child Welfare Case Managers 30.4% Child Welfare Case Managers Supervisors 15.3%	Standard Child Protective Service Worker 1:15.5 Case Manager 1:20 As of October 2013, the actual caseload for Child Protective Service Workers was 1:14.	Department Child Protective Investigator \$39,656 – \$40,082 Sheriff Child Protective Investigator \$26,000 – \$48,461 Child Welfare Case Managers \$30,000 – \$46,186
Georgia	State	All social services positions 19%	Initial Assessment/Investigation 1:19.5 Ongoing Cases 1:14.8	Social Service Specialist \$28,005 (Higher starting salary with social work degree – see profile for detail.)
Illinois	State	Child Welfare Specialist 24.3% Child Protection Specialist 21.7%	Child Welfare Specialist 1:15 Child Protection Specialist 1:12	Child Welfare Specialist \$51,492 Child Protection Specialist \$51,492
Indiana	State	Family case manager 21.6%	Standards Initial assessments/investigations 1:12 Ongoing services 1:17  As of May 2012, 17 of 18 regions were in compliance with the caseload averages of 12 and 17.	Family Case Manager \$35,776
Michigan	State	Child Protective Service Specialist 7.2%	Standards Assigned Investigation (55.7% met the standard) 1:12  Ongoing Cases (54.2% met the standard) 1:17	Child Protective Service Specialist \$39,938
Missouri	State	Children's Services Worker 20%	Standards Investigation 1:15 Open cases 1:15 to 1:30	Children's Service Worker I \$27,768
New Jersey	University Partnership	Caseworker 7.6%	Standards Open Cases 1:12 New Referrals 1:8	Family Service Specialist \$48,416
Tennessee	State	Case Managers 12%	Not available	Case Manager 1 \$31,812
Texas	State	Child Protective Services Caseworker 26.1%	Child Protective Services Investigation 1:24	Child Protective Services Investigator \$36,789
Washington	University	Not available	Child Protective Services Workers 1:20	Social Service Specialist 1 \$32,688
<b>COUNTY ADMINISTERED CHILD WELFARE SYSTEMS</b>				
California	University	Not available	Not available	Depending on location: \$40,428 – \$48,732 (See California's profile for detail.)
New York	State	Not available	Not available	Child Protective Services Specialist for New York City \$42,797 (Statewide information not available.)
North Carolina	State	Not available	Children Protective Service Workers 1:9	Child Welfare Social Worker I \$29,856
Ohio	State	Not available	New Intakes 1:10 Open Cases 1:12	Minimum County Social Services Worker salaries ranged from \$20,862 – \$33,030 (Wages vary by county.)
Pennsylvania	University	County Caseworker I 18.39% County Caseworker II 8.74%	Average caseload 1:11	Average Annual Salary County Caseworker I \$29,316
Virginia	University	Not available	Not available	Child Protective Services Personnel \$45,402 (This figure represents the average annual salary.)

### Focus groups, interviews and online surveys conducted as part of this assessment

The current assessment has employed multiple methods including focus groups, interviews and online surveys to gather input from CPS division caseworkers and supervisors; youth formerly in foster care; parents and caregivers; courts personnel, community service providers and other Harris County stakeholders. A multi-modal approach was used primarily to increase the ability to contact this diverse group of stakeholders within the relatively short timelines for this project. It was expected that some stakeholders might be unable to participate in a focus group for scheduling or logistical reasons, while others might lack internet access needed to complete an online survey, etc. The following section of the report summarizes the development and implementation of these components of the assessment and provides an overview of their findings.

Focus groups were planned for early February, 2014 in Houston, with interviews to be conducted in person when possible and otherwise by telephone. Interview questions and focus group protocols were developed beginning in mid-December 2013. Separate instruments were developed for focus groups of CPS division caseworkers and supervisors, youth formerly in foster care, parents / caregivers, and community stakeholders.

Initial item sets were drafted based on target concerns related to foster care lengths of stay and transitions to permanence for children and youth in care, and were circulated to project team members for comments and recommendations.

In mid-January a decision was made to add online surveys for CPS division caseworkers and supervisors and community stakeholders to the assessment in order to obtain input from additional members of those groups. Separate online surveys were developed based on the respective focus group instruments for each group; various assessment team members previewed the surveys and provided feedback on item content, skip patterns, etc. A third online survey was added in late January with the intent of offering an additional mode of participation for parents and caregivers, with item content again based on focus group questions.

Informed consent forms were developed for all assessment activities involving contact with human subjects—i.e.: focus groups, interviews and online surveys—and were completed by all participating subjects. All participation was voluntary. Former foster youth and some parents / caregivers were given \$25 gift cards as compensation for their time in attending focus groups,<sup>11</sup> and some former foster youth also received rides to and from focus groups.

The assessment plan, focus group protocols, interview questions and survey items, together with consent forms for each mode of participation, were reviewed and approved by the Casey Family Programs Human Subjects Review Committee. Participants and respondents were assured that their identities would not be disclosed, and that they would not be quoted by name in this report. Online survey respondents were required to select a button agreeing that they had read the informed consent statement and wished to participate in order to access the survey, but their identities were not recorded. Subject recruitment for the focus groups, interviews and online surveys was conducted in collaboration with DFPS personnel, who also secured venues for the focus groups.

The methods employed in carrying out the focus groups, interviews and surveys for this assessment confer both strengths and limitations. One positive aspect of the process is that the team was able to gather input from over 200 individual stakeholders having various roles in the Harris County child welfare system within a short timeframe. The inclusion of youth formerly in care and family members together with professionals assured that a range of voices and perspectives were heard.

One limitation arises from the process of identifying and recruiting participants and respondents for the assessment. Partly because the time available for identifying and contacting professionals and stakeholders was quite short, this is in effect an “availability sample,” with no assurance that various stakeholder groups were proportionately represented. For example, professionals and court personnel may have been over-represented relative to youth formerly in care and parents / caregivers.

Another factor which may have affected assessment findings was the poor turnout for some focus groups, several of which had only a couple or a small number of participants. One focus group had to be cancelled when no participants showed up. This was obviously a disappointment, though not a huge surprise given that project timelines did not allow for use of common survey research methods such as early notifications using a range of modes of contact (e.g.: mailed flyers together with e-mails and posted notices directed toward target groups) with follow-up reminder phone calls or other forms of secondary contact to prospective participants in order to “prime the pump” and increase participation.

Finally, while the anonymous online surveys were a practical approach intended to reach as many respondents as possible without incurring the added challenges and possible off-putting effects of a process to verify respondents’ identities, this incurred a trade-off in the form of uncertainty that only actual DFPS caseworkers and supervisors completed the survey and that respondents completed a survey only once. The late-added parent / caregiver survey was discarded after it drew only a single respondent due to a lack of contact information for prospective respondents, and the other online surveys were posted later than planned and were only available to participants for about 2 weeks.

---

<sup>11</sup> Two of parent / caregiver focus groups took place in a residential drug / alcohol treatment setting; our team was asked by facility managers not to offer gift cards to those participants in order to avoid disrupting their treatment milieu.

Despite these limitations the project team has found that most responses from focus group and interview participants and online survey respondents have “face validity” in that they appear to be good-faith efforts to provide constructive feedback, and that the responses collectively show convergence in identifying many of the same key issues. The more than 200 participants and respondents contacted during the course of this assessment voiced more concerns and suggestions than can be fully detailed here.

A summary of DFPS survey results are presented in Appendix A to this report; a summary of stakeholder survey results are presented in Appendix B. Appendix C combines key themes voiced by focus group and interview participants.

## **Conclusion and next steps**

This assessment has analyzed findings and recommendations from previous studies and assessments, has performed new analyses of existing quantitative data, and has gathered input from more than 200 Harris County child welfare professionals and stakeholders through focus groups, interviews and online surveys. While some of the data analyses reported here provide new information, many of the themes and perspectives described in this report closely parallel those of previous studies and assessments.

The child welfare system in Harris County benefits from the contributions of many dedicated professionals currently providing quality services to the county’s vulnerable children and families. Due in part to the county’s size and also partly because of the number of organizations and other entities involved, the child welfare system in Harris County is large and complex. Coordination and communication within the system are essential to achieving the best possible outcomes for the county’s vulnerable children and families.

The project team contributing to this report has offered a number of observations and recommendations which could help to reduce foster care lengths of stay and improve permanency outcomes for children and youth who enter care in Harris County. These include steps DFPS can take internally, some of which could significantly improve targeted outcomes. Some targeted outcomes are also currently affected by challenges which will require collaborative efforts between DFPS and the courts or other partner entities if they are to be addressed successfully.

DFPS must identify and prioritize the recommendations in this report which fit best with agency goals, and which are most feasible to undertake immediately and in the long term. Casey will continue to work with DFPS and its partners in Harris County to help the child welfare system implement system improvements and deliver the best possible outcomes for the county’s children and youth and their families.