

# **DFPS CPS Operational Review**

## **Phase 1: Assessment/Findings**

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### **Final Report**

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## EXECUTIVE SUMMARY – ASSESSMENT

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The Texas Health and Human Services Commissioner and the Department of Family and Protective Services (DFPS) engaged The Stephen Group (TSG) to conduct a "top to bottom" operational review of DFPS, Child Protective Services (CPS) and identify ways in which the agency can find improvement. TSG was called upon to assess the various aspects of CPS, such as organization, work flow, allocation of staff, decision making and general business processes including policy development, continuous quality improvement and budgeting, along with relevant support structures such as training, hiring, contracting, and finance. We fear that this Assessment will by the nature of the assignment provide a tone that could be construed as negative. It is important to point out that we could very easily have put together a detailed report on the many strengths of CPS that also would have been voluminous. However, the scope and objectives of this Assessment were to determine areas for improvement.

In order to provide some balance, we feel it is significant to point out that TSG's assessment found many aspects of CPS's performance and plans to be exemplary. A few examples include:

- Strong dedication at all levels to child safety, well-being and permanence. This extends far beyond compliance with rules and policy to true dedication
- Many tenured employees with deep industry experience
- Many programs of change and improvement are under way, including Foster Care Redesign, streamlining policy and many more
- Effective court relationships around the state
- The placement of many children found in volatile family situations with relatives so as to keep them as close as possible to their families
- Offer families voluntary family based services where many states do not
- High adoption rate—earning the State \$10 million in federal bonus payments in SFY2014
- Collaborating through an innovative program to run a special investigative unit including CPS in El Paso and the Army at Fort Bliss

Yet, this organization which admirably serves nearly 200,000 families per year has many opportunities for improvement.

By way of background, CPS plays a critical role in ensuring the safety, well-being and permanence of tens of thousands of children each year, either by helping their families build

safer environments, or by finding homes in which vulnerable children can thrive. The dedicated staff of 5,400 direct caseworkers puts themselves in harm's way and invests themselves directly to make Texas' children safer. It is a stressful and challenging job, but one that many find intensely personally rewarding.

TSG realizes that any review of an agency with as many moving parts as CPS must be comprehensive and thorough. It was for that reason that we worked to leave no stone unturned in our efforts to unearth the reality of how CPS operates, from the ground level to top management. To do any less would be a disservice to the thousands of workers who have made this organization their passion.

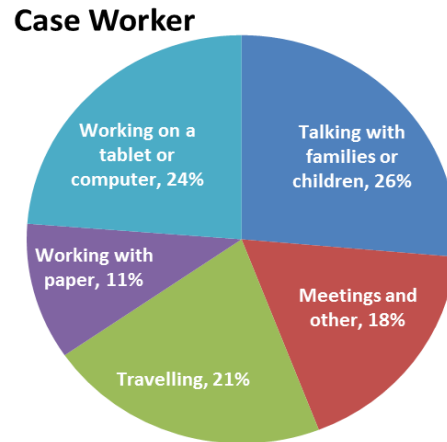
Through this assessment, TSG reviewed the operations at the State Office, visited each of the 11 regional offices, and did process mapping for them to understand the work flow. We joined in on ride-alongs with caseworkers to understand the experience workers see every day. We conducted desk reviews of cases that CPS sees daily. We interviewed hundreds of individuals throughout the process, from top leadership in the agency and regional staff to legislative employees and involved stakeholders. We reviewed hundreds of reports and data sets to understand the historical trends in key operational areas and to get a firm grasp of the numbers behind the anecdotes. We also conducted a survey that gave us feedback from close to 2,000 CPS staff to understand perceptions and views from as many individuals as possible.

While no assessment can discover every detail of an agency as large as CPS, we are confident that our forensic analysis accurately reflects the work done throughout this organization. Assessment found a number of areas in which CPS could improve to better protect Texas' children. We have outlined in this Executive Summary the following key improvement opportunities. TSG feels strongly that if CPS takes immediate steps to address these opportunities for improvement, the agency can become a national leader and model for other states in keeping children safe, enhancing well-being and establishing permanency.

## **Field Staff only spends 26% of time with children/families**

Currently, CPS' field staff only spends a quarter of its time directly with children and families. While some time away from actively meeting with those in the system is unavoidable (travel, court, etc.), this number is clear evidence that the agency is doing more compliance than care (see Figure 1).

Figure 1 - How Caseworkers Invest their Time



There is an abundance of policy, paperwork and other requirements of the Family Code. While the Texas legislature recently made a tremendous financial commitment of taxpayer resources to give CPS the staff to keep children safe, they continue to pass ongoing expansions of the Code. This Code has piled up to create a significant administrative burden, with laws that are, in a number of cases, repetitive of clear Federal law and policy, outdated, at times contradictory and many times micro-managerial. This means a huge amount of time and resources are dedicated to compliance over time spent focused on child well-being.

Beyond the Family Code, workers must deal with CPS policy, IT burdens, organizational delays and clerical responsibilities such as data entry. All of these actions interfere with the ability of direct care workers to do what they are truly passionate about – helping children and families. As one worker from Region 10 said succinctly, “I love going to see the children, but the paperwork is too much.”<sup>1</sup>

The consequences of these administrative burdens go beyond reducing the time that workers get to build relationships with families. They also mean longer waits to close cases, which leave families in limbo, and worker burnout that leads to high turnover and lower morale which impacts performance. We found that this administrative burden falls across the entire range of CPS direct services, from investigations to ensuring family well-being and permanence.

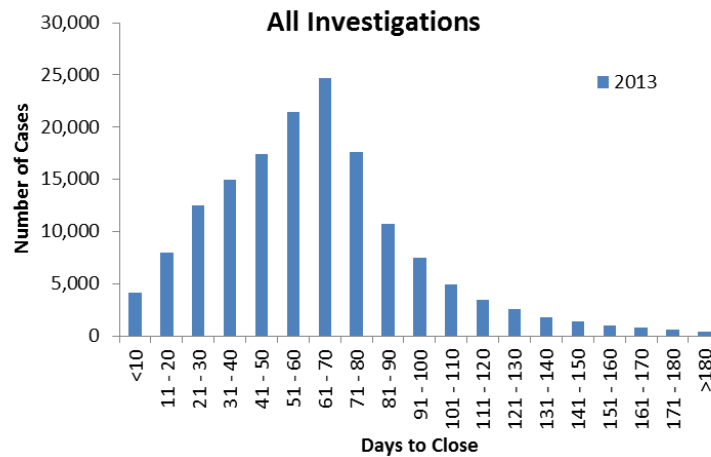
<sup>1</sup> TSG, CPS employee survey response

**Investigations are remaining open for unnecessarily long periods of time.**

Currently, CPS bases its performance on whether or not a case is closed in 60 days. The data show that once an investigator misses the initial target date, there is little incentive to resolve the issues quickly. Thus, CPS may remain involved with the family for longer than necessary.

Moreover, CPS policy and practice does not encourage caseworkers to close a case as quickly-as-possible to ensure that children are safe. An open case can be an emotionally excruciating period for any family, especially for those with cases which are closed without finding. Instead, the current structure uses only a 60 day measure, providing a strong incentive to close a case just before the 60 day mark, and no incentive to close expeditiously after that point<sup>2</sup>. Figure 2 shows the trend to keep investigations open until the 60-day deadline. Then for those cases that miss the deadline, the management metrics provide no encouragement to close cases soon after. Instead, caseworkers get credit for these tardy cases in their caseload.

Figure 2 - Histogram of days to complete investigations – 2013



TSG found, however, that investigations are being closed faster in 2013 compared to 2009. Table 1 below shows that the average close time has dropped two days, and that the median (50<sup>th</sup> percentile) has dropped by three days.

<sup>2</sup> CPS leadership has acknowledged this observation. During the course of the Assessment, CPS was experimenting with changes to the metrics that respond to this situation.

Table 1 - Average and median time to close investigations – 2009 and 2013

	2009	2013
Median	63	60
Average	65.5	63.7
Mode	63	63

This improvement is encouraging, but misaligned goals mean that investigations are still open longer than they need to be.

### **Employees are working under stress and in fear in order to avoid penalties or termination**

Many supervisors focus on tracking numbers and metrics rather than creating a supportive environment. Accordingly, workers are fearful of making mistakes – mistakes that could end up getting them fired. This causes a paralysis for field workers, shifts more decisions up to supervisors as caseworkers protect themselves, and adds stress to an already stressful job which further drives turnover.

### **Policy is inconsistent, burdensome and not well understood**

Internal CPS policy piles up and is not well-distributed to staff. When new policy is added, it frequently does not repeal old policy, it merely adds an additional layer. This means most caseworkers do not internalize existing policy or new changes.

There is little fiscal control to recognize the impact on caseload with proposed increases to the complexity of the process and the caseworker’s job. This adds a number of unnecessary and low-priority steps to the field worker, already heavily burdened with high case load.

The ad hoc timing of policy updates contributes to a sense of constant uncertainty about how to handle current situations. As the policy unit might be working simultaneously on multiple policies that contradict one another, there are poor controls on tracking the various policies under development.

The policy updates are not reinforced with technology support and training to make them effective in changing behavior in the field. Policy is often difficult to understand. Ultimately,

staff does not necessarily consult policy in the CPS Handbook, instead turning to supervisors for direction. This adds to the burden on managers and sometimes results in conflicting interpretations.

The construction of policy also does not sufficiently consult field staff to get real-world experience in how a new policy might impact operations. At the same time, there is no opportunity for validation in the field before a policy is implemented.

In addition, the important link between policy and child outcomes was often not specifically described. TSG observed that this leaves the field caseworker to treat policy in the vein of compliance rather than as a tool for better child outcomes.

### **Caseload and workload are not synonymous and administrative and other burdens are making managing cases more challenging**

Not all child protection cases are equal and CPS hands cases out based on caseload and not workload – they do not assess case difficulty in a structured or standard way. We found that workload can increase even as caseload stays the same. This reduces the ability of caseworkers to interact directly with families and instead turn their attention to non-value added activities. Moreover, there are numerous handoffs that take place throughout the process of bringing a case to resolution. These transactions, often in paper, add more and more work, as well as delays, for the caseworker, with little beneficial outcome for the children and families involved.

### **Decision making and critical thinking gives way to checking with supervisors: staff are not empowered to make critical decisions**

In part because of laws and policy that are hard to understand and implement, caseworkers have replaced decision making and critical thinking with asking their supervisors (holding a “staffing”) for direction. Caseworkers are not truly empowered to make critical decisions. This slows the decision making process. More importantly, it moves the decision away from the person most closely involved with the situation – the caseworker. The decision is ultimately with a supervisor who is not generally meeting with the family. Thus, the caseworker is not exercising his/her judgment directly. These approval meetings are called “staffings” and in many cases occur at regularly scheduled times rather than at the point of need for the case or for the front-line worker.

This lack of empowerment has a number of effects, such as slowing down critical decisions, potentially delaying case closures, putting additional demands on supervisors' time and not allowing caseworkers to build their decision making skills. Beyond all this, it sometimes builds a level of frustration among field workers that adds greater stress and causes some to leave CPS.

### **Safety and risk assessment tools are used as mere formalities**

Tools to assess safety and risk are more formalities than actual mechanisms to help caseworkers assess potentially risky situations. They are not well structured and standardized, and decisions are being made about safety and risk that are overly subjective. Staff has begun to view these assessment tools as “check the box” exercises and not a predictive tool to identify child safety or the potential for risk in a family.

TSG found no formal, immediate safety assessment done within 24 hours of seeing a child. TSG also found no tool that caseworkers use to structure objective criteria as a model of the danger a child might experience. Such decisions are often complex requiring difficult judgment calls on the part of the caseworker. Instead, the “safety assessment” tool is a 7 day tool, in which the child could potentially be exposed to significant harm in that timeframe. This tool is completed after the decision has already been made—thus it is documentation rather than decision support. The companion “risk assessment” is done over the course of 30 days, also without the benefit of structured, objective analysis to create an understanding of potential threats to well-being.

### **Information Technology is not maximizing field worker time**

The current IT tools and resources demand considerable time resources away from children and families. Staff spends considerable time doing administrative work to load information in the systems, often in burdensome manners. Both the software and the hardware have not been optimized with the goal of ensuring that caseworkers are spending as much time as possible meeting with children and families.

The IMPACT system is not in sync with current versions of forms that are used and forces arbitrary work-arounds and repetitive entry of data. This causes delays and considerable frustration among caseworkers and can mean that those accessing the system might not have immediate availability to the most recent updates in a particular case – a huge issue if a case has been handed off from one worker to the next.

While CPS has made tremendous strides in terms of expanding mobility, the field worker is still subject to many limitations once they leave the office. This is largely due to the inability to get away from a paper-based system, as opposed to a seamless electronic transfer system. This causes many delays and limits the ability of caseworkers to stay away from the office and be in the field. Furthermore, implementation seems to have emphasized the technical aspects of mobility, though not the user implications. As a result, caseworkers complain that they have lost the benefit of nurturing relationships “around the water cooler.” This need not be the case, but seems to be the result of incomplete implementation.

### **Sharing information from the top of the organization and back is a struggle**

The challenge of disseminating policy to the caseworker is just one example of the difficulties that exists in communication from top-to-bottom within the organization. Workers are not confident that they know new policies, strategies and expectations from State Office and consistently check with a supervisor, which slows them down and undermines their decision making.

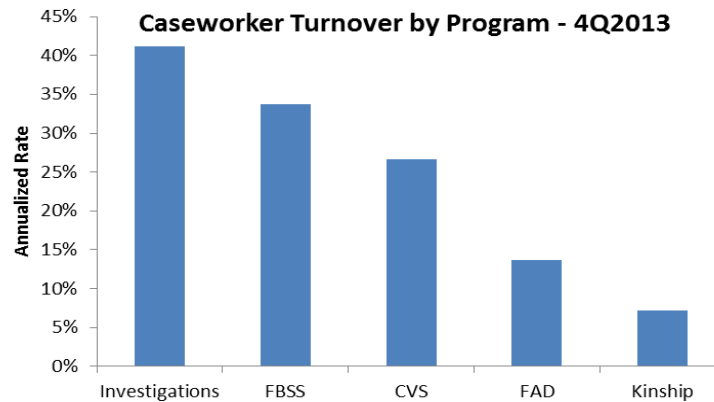
At the same time, State Office struggles to get quality feedback from workers in the field that would support their decisions or send a signal that practices should change. This isolation encourages choices that might not make the most sense and makes it more difficult to determine best practices that would improve performance across the organization.

### **Turnover is a major organizational burden**

As an agency, CPS sees an extraordinary amount of turnover – over one quarter (25.5%) of the workers leave annually. However, among direct care staff, the turnover rate is even greater (see Figure 3). This represents an extraordinary organizational challenge to replace these workers and maintain a consistent level of performance.



Figure 3 - Caseworker Turnover

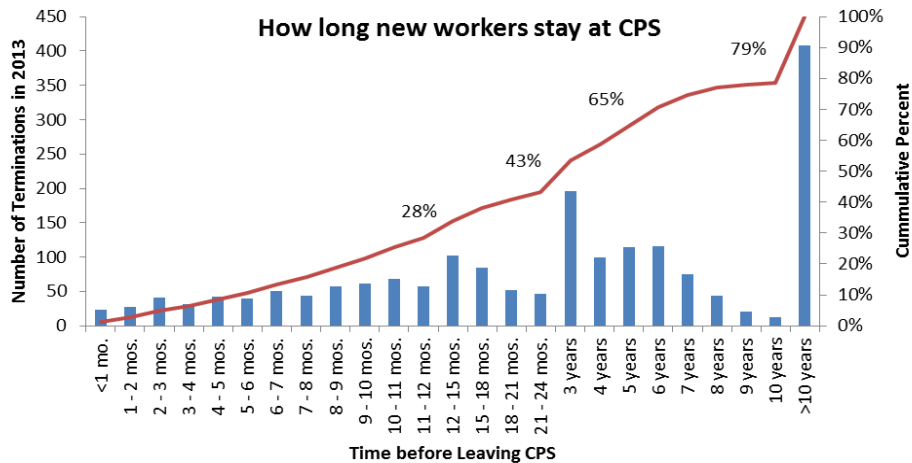


In large part because of administrative, compliance and technology burdens, many CPS workers get frustrated and burned out, causing them to leave the agency, which creates a major strain across the organization. This puts additional stress on remaining workers, and creates a culture that challenges any group’s ability to internalize its mission.

Most organizations deal with stressful workplace environments either by seeking ways to remove obstacles, to lift the burden off the workers, or to create simplified workplace processes (for example, fast food restaurants). Although CPS’ work environment and mission are more complicated than other industries, CPS needs to do more to remove obstacles or lift the burden off its workers.

Figure 4 shows that over one quarter of new workers leaves within 12 months—43% within the first 2 years. This allows situations to grow where workplace turnover is endemic and institutional knowledge is stripped from across the agency. Moreover, the process of constantly providing a significant investment in training new employees who leave shortly after they start is a poor use of taxpayer dollars, and puts a greater demand on other, more experienced employees, who are continually working to bring along new workers, while getting pulled away from their cases. We found that the highest turnover is among newer staff, with 5 or fewer years of services. Every time a less experienced worker leaves, it places a loss of a significant resource across the agency, both in terms of sunk costs in that worker, as well as the replacement cost for a new hire.

Figure 4 - How Long New CPS Workers are Retained



**Data collection and metrics do not represent useful management tools**

CPS is awash in data. There are numerous data collection and analysis sources for nearly every function across the organization. However, state and regional leaders lack a management dashboard to use these data to consider predictive trends and identify potential “hot spots” that require intervention before a bad outcome occurs. Instead, management has available 2,700<sup>3</sup> disparate data reports to try to make sense of what is often a fuzzy picture. This means that despite large quantities of data, it is useful primarily for historical analysis, not proactive decision making.

At the same time, the metrics used by the agency are not well aligned towards maximizing child safety, well-being and permanence. There is a tendency to try to use the same metrics for all purposes – updating the legislature, conforming to federal requirements, and managing the performance of employees. While this does simplify the reporting process, it does not create value that leads to quality improvement.

<sup>3</sup> Estimate of MRS, the group that creates the reports

### **Metrics are used to discipline workforce, not as a tool to inform decisions**

Supervisors are driven to use metrics as a mechanism to make sure caseworkers “meet their numbers,” not as a tool to balance workload, identify workers in need of training or recognize structural issues that should be resolved. This creates a culture of fear where caseworkers are focused more on meeting numbers and checking off boxes than on the quality of service for the children in families under their care.

Not surprisingly, many field workers do not feel supported by their supervisors, instead feeling that there is an effort to use metrics to discipline or fire them. This adds to the stress in the workplace and ultimately reduces productivity and increases turnover.

### **Supervisors are very experienced, but lack of succession planning should be a concern**

We heard from caseworkers that supervisors are being promoted without experience, and that there are too many who are inexperienced, but the data does not demonstrate this. Instead, supervisors have, on average 11 years of experience. In fact, the data show that there are a small number of supervisors with fewer than 6 years of experience. This finding could mean that CPS faces an intermediate problem of replacing these supervisory positions in several years, as natural attrition leads to gaps in the management structure. Complementing this problem, the agency has no effective process in place to identify caseworkers who appear to possess quality supervisory skills to put them in a position to grow.

### **Poorly aligned quality assurance and quality management**

CPS’ quality assurance/management structure is not designed to be self-optimizing and creating a constant feedback system throughout the organization. This leads to distorted incentives in the field, confusion among those charged with legislative and executive oversight and less than optimal management practices among supervisors.

The monitoring systems for quality management are inconsistent and not effectively used for improvement. Unsurprisingly, there is no integrated quality plan to lift performance across the agency. Within each region, there is no mechanism in place to validate whether a quality improvement plan or structure has been fully implemented or even instituted. This means there

are uneven quality standards from region to region, which hinders the effectiveness of overall quality standards and application of best practices models. This also means that there cannot be an effective feedback loop to inform training about shortcomings, so that personnel can correct performance and improve outcomes.

CPS does not have a dedicated function focusing on continuous improvement and program integrity at the regional level. While various operations across the department consider specific aspects of program performance, there is no single point of examination of quality and effectiveness.

There is no process within CPS to find the “bright spots” of performance that could demonstrate exceptional practices that could be replicated across the agency. This represents a missed opportunity to build a constantly learning and growing organization.

True quality management requires a tremendous amount of coordination across various workgroups, functions and roles within an agency. We did not identify the level of integration among the existing various aspects of CPS to support an effective quality building process – instead the agency has a siloed approach to quality in which the various quality assurance programs are not interacting to inform decision making about the direction of improvement opportunities.

## **External outreach is reactive**

CPS responses to the media to the legislature and stakeholders, are often times reactive (not proactive), sometimes allowing for a very negative picture to take root and persist. Frequently, the public and legislature only hear about CPS after a tragedy such as a child death or after a major cost overrun. Counterbalancing positive stories are far less common and not well communicated by the agency. Moreover, this can result in the legislature passing laws or the agency crafting policies to solve publicity problems, instead of actual direct issues identified in the field.

Such a negative view of an essential government function serves no one well. The legislature complains of a “data dump” without useful information. Key stakeholders are very concerned about the lack of communication about major IT transformation efforts. The media believe the agency is hiding information and then feel incentivized to produce critical coverage. This all

seems to derive from the lack of a unified communications strategy to manage the relationship with external stakeholder across the board.

### **CPS' budget process is ad hoc and not transparent**

Past problems with the CPS' budget have led to conflict, tremendous consternation and misunderstanding between CPS and the legislature. While part of this stems from the State budget process, there have been issues with the CPS budgeting process.

There appears to be a gap in CPS' ability to accurately forecast its own budgetary needs. The agency does not meet frequently to discuss financial models and how actual experience may be varying from approved or predicted budgets.

There is a lack of transparency that is fostered by a lack of communication among CPS, DFPS and the legislature. There is no regular report from Budget to CPS leadership highlighting issues, and no regular vehicle for operating leadership to explain budget variances. The result is that issues are not surfaced in a timely fashion. Furthermore, data is not being delivered in real time to the policymakers who could adjust the agency's priorities or budget. This allows a perception to take place that CPS is either not being forthcoming or is incompetent.

### **Training is insufficiently preparing caseworkers**

Initial training is insufficiently preparing new workforce to be ready to take on real-world CPS challenges. There is not enough high-quality, on-the-job training. There are insufficient mentorship opportunities available during the initial training and once new workers begin their work. CPS' initial training is heavily focused on compliance and policy and does not adequately emphasize real world experience. It does not seek to create a culture of ongoing learning.

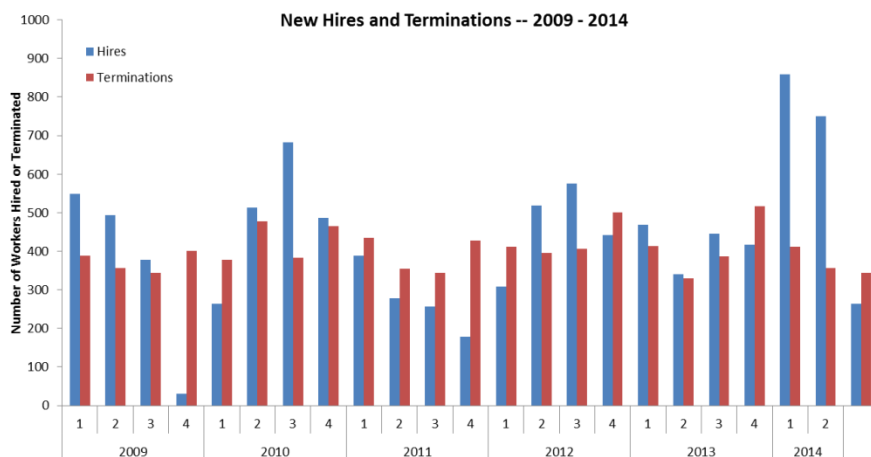
Thus, new employees are often ill-prepared to step into a challenging work environment. At the same time, these new workers are matched with more experienced staffers, who often have to push their own caseload aside to provide learning opportunities, adding to their workload.

Training is not used effectively as an opportunity to weed out individuals who might realize that case work is not for them. They do eventually self-select out, but only after placing additional burden on the system to replace them after they begin in the field.

Moreover, CPS has not built an effective program for developing experienced caseworkers into capable leaders when they step into the supervisory role. Even long tenured supervisors manage as if they were new to the job.

CPS is also adversely affected wide swings in the number of new hires. As Figure 5 demonstrates, there is significant variability not just from year to year, but quarter to quarter, on the number of new employees the agency brings on board. This places a tremendous burden on trainers, staff and new hires. Identifying, training and integrating such a variable number of new workers undercut CPS’ ability to control the quality of new staff and assist them in the moving into productive roles.

Figure 5 - New CPS Hires and Terminations 2009-2014



### Lack of flexibility in personnel

The current CPS model uses a two year rolling regional average of caseloads to determine staffing levels. This method does not leave the regions, or CPS as a whole, well prepared to deal with the inevitable spikes and troughs of caseload fluctuations. This takes away an important management tool for agency leadership to balance the load across the state.

## Summary

CPS has many talented and dedicated staff. What they need is support from across all levels of the State to reach their desire and ability to help improve the safety, well-being and permanence of children across Texas. This means that policymakers must come together to remove the obstacles to greatness and allow CPS to become a national leader in child protective services.

For this to happen, there must be a culture throughout all interested parties – inside and outside of CPS – to change. Working on the key findings identified here and the numerous areas described in detail in the following thorough report represents tremendous opportunity for all involved for a roadmap for a world-class organization.

This Assessment is merely the first step in a long process for improvement. TSG will, in the near future, offer our recommendations on changing CPS for the better. We will continue to solicit the input of many, many individuals from across the state, and national leaders in this area, to find how we can make the best of this chance to transform.

We would like to thank the many people to whom we spoke for their willingness to share their honest perspectives on the agency. Without their input, the quality of this report would have been seriously diminished. We would also like to thank DFPS Commissioner John Specia for his steadfast commitment throughout this process to openness and transparency, and his unwavering desire to enhance CPS operations. We are humbled by the cooperation and commitment they displayed.

## PURPOSE AND SCOPE OF THE ASSESSMENT

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### Purpose of the Assessment

The Stephen Group (TSG) was retained by the Texas Health and Human Services Commission (HHSC), the State agency that oversees the Department of Family and Protective Services (DFPS), and DFPS, to conduct a broadly-scoped operational assessment of the Child Protective Services (CPS) Agency, within DFPS. The objective of the assessment is for a "top to bottom" operational review of CPS. The assessment assesses the various aspects of CPS, such as organization, work flow, allocation of staff, decision making and general business processes including policy development, continuous quality improvement and budgeting, along with relevant support structures such as training, hiring, contracting, and finance. The goal of the assessment is to identify what operational changes can better enable CPS to help families build environments for children to promote safety, well-being and permanence.

The operational assessment is divided into the following three tasks as part of Phase 1 of the project:

Task 1 - Develop and agree on a Project Plan for Tasks 1 and 2

Task 2 - Business Process Mapping and assesses the strengths and weaknesses of internal operations of CPS

Task 3 - Offer recommendations as to how CPS can be managed and operated more effectively and efficiently.

Phase 2 of the project is optional and consists of implementing the recommendations contained in Phase 1, Task 3. The current document is the report of Phase 1, Task 2.

### Assessment Scope

Through this assessment, TSG has conducted a comprehensive review of the internal operations of the CPS Division. The assessment serves as the basis for recommendations as to how CPS can be managed and operated more effectively and efficiently, in accordance with State and federal law. During Phase 1, Task 1, DFPS and TSG agreed on a number of operational areas to focus on, which are contained in this report. TSG and DFPS also agreed on documenting,



reviewing, mapping and assessing the CPS business process at the State and Regional level, as part of Phase 1, Task 2.

Following this Assessment, TSG will collaborate with DFPS to provide recommendations through Phase 1, Task 3. TSG will:

- Recommend an improvement strategy ("to-be") with specific recommendations to correct the problems/issues and to streamline procedures, case progression, and workflow along with rationale about how and why this improvement is needed;
- Develop an implementation plan that identifies immediate and longer term changes.

## Overall Assessment Team and Method

### *About The Stephen Group*

The Stephen Group (TSG) is a business and government consulting agency. TSG combines strategic government and private sector intelligence with a deep government and regulatory experience that offers State agencies tactical and practical information that addresses their most critical challenges, transforms their agencies and helps achieve extraordinary results. State agencies measure those results as significant improvements in efficiencies, quality of service, increased cost savings, and (ultimately) benefit to the taxpayer. For more information on the TSG assessment project team and background see Appendix A.

### *CPS Collaboration and Support*

CPS provided strong support for the Assessment project. Some examples of the solid support include:

- A dedicated CPS Lead Project Coordinator to work directly with TSG on information, data, and scheduled meetings across the state
- 1,800 responses to a survey addressing management and change readiness
- Over 250 State and regional interviews
- Regional Investigator ride-a-longs and interviews
- Dedicated focus groups at each of the state regions and in the state-office areas of Policy, Budget and Quality. These included an average of 10 top workers and lasted between one and three days each
- Caseworker surveys describing user issues with CPS systems support

- Meetings with members of CPS upper and middle management, including the regional management
- Access to and meetings with key legislative staff
- Access to and meetings with key stakeholders
- Over 2GB (nearly 500 files) of data extracts and reports

CPS provided unequivocal support to every aspect of the Assessment.

## OVERVIEW OF CPS

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### Texas' Department of Family and Protective Services (DFPS)—Child Protective Services (CPS)

DFPS is charged with protecting children, adults who are elderly or have disabilities living at home or in-state facilities, and licensing group day-care homes, day-care centers, and registered family homes. The CPS Division is charged with investigating reports of abuse and neglect of children; providing services to children and families in their own homes; placing children in foster care; providing services to help youth in foster care make the transition to adulthood; and placing children in adoptive homes.

CPS is also part of the Texas Health and Human Services Commission's (HHSC). CPS is responsible for<sup>4</sup>:

- Investigating reports of abuse and neglect of children
- Providing services to children and families in their own homes
- Placing children in foster care
- Providing services to help youth in foster care make the transition to adulthood
- Placing children in adoptive homes

CPS manages the expenditure of \$1.2 billion annually, as shown in Table 2.

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<sup>4</sup> [http://www.dfps.state.tx.us/child\\_protection/](http://www.dfps.state.tx.us/child_protection/)

Table 2 - CPS 2013 Budget Summary<sup>5</sup>

	<b>2013</b>
CPS Staff	469,000,000
Purchased Client Services	97,900,000
Foster Care Payments	366,400,000
Adoption Subsidy Payments	205,000,000
Permanency Care Assistance	4,700,000
Relative/Other Designated Caregiver Reimbursement Program	9,500,000
Other Client Services	4,700,000
Total CPS Expenditures	<u>1,157,200,000</u>

According to the 2013 DFPS Fact Book, CPS is staffed by 8,235 workers spread across 11 regions as well as state-wide operations. In 2013, the CPS workers included 4,733 direct caseworkers and 3,501 other support staff and management, as shown in Table 3.

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<sup>5</sup> TSG analysis of the 2013 CPS Data Book. Note: this is data from 3Q2013. It is slightly different from the 4Q2013 headcounts used throughout this Assessment

Table 3 - CPS Workforce – 2013<sup>6</sup>

	<b>2013</b>
Caseworkers:	
Investigation	1,804
Conservator-ship	1,614
Family-Based Safety Services	845
FAD	192
Other Workers	171
Kinship	107
Supervisors	734
Program Directors/Administrators	172
Admin/Clerical	973
Case Aides	476
Other Staff	811
CPS Program Support	336
Total CPS Staff	8,235

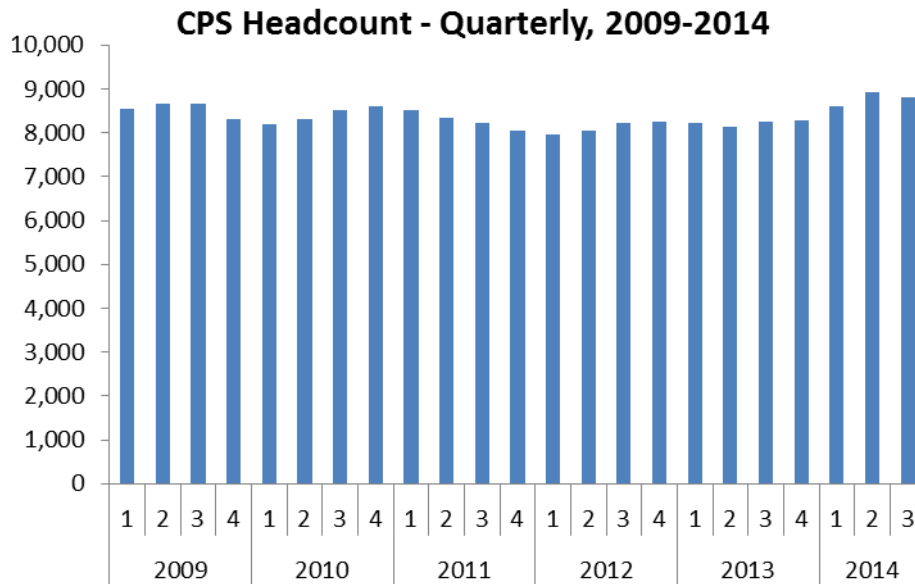
Figure 6 shows the size of the CPS work force from 2009 through the first three quarters of FY 2014. The Figure shows that the CPS workforce has experienced only modest fluctuation over the past 5 years in terms of filled positions.

CPS has done an effective job of replenishing headcount lost to turnover. Figure 6 shows that the total headcount has fluctuated on slightly over the past 5 years. The legislature allowed CPS to hire 1,000 new caseworkers...but these served only to replace those lost through attrition.

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<sup>6</sup> TSG analysis of CPS Data Book, 2013

Figure 6 - CPS Workforce – 2009-2014<sup>7</sup>



These workers investigate and manage services to improve the safety, well-being and permanence of children at risk for abuse. Table 4 shows that the number of investigations CPS conducted has fluctuated over recent years

Table 4 - Investigations<sup>8</sup>

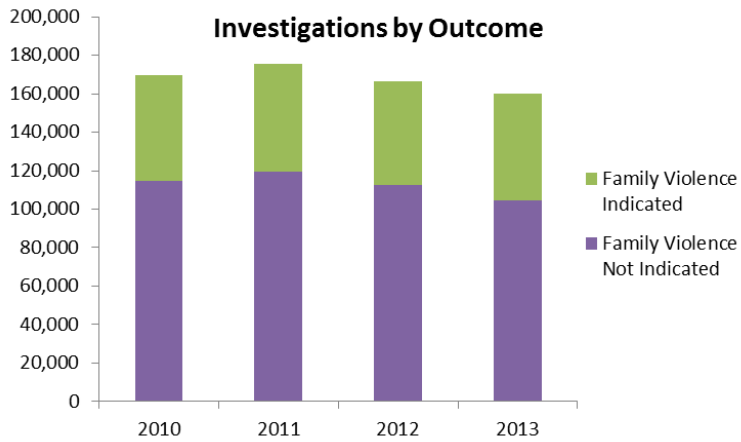
Fiscal Year	2010	2011	2012	2013
Family Violence Indicated	54,842	56,068	53,705	55,754
Family Violence Not Indicated	114,741	119,353	112,505	104,486
Completed Investigations	169,583	175,421	166,211	160,240

In total, CPS manages a total of between 160,000 and 180,000 investigations annually. About one third of these results in a finding of abuse, as shown in Figure 7.

<sup>7</sup> TSG Analysis of MRS data from the Data Warehouse

<sup>8</sup> TSG analysis of CPS Data Book, 2013

Figure 7 - Investigations by Outcome<sup>9</sup>



<sup>9</sup> TSG analysis of CPS Data Book, 2013.

## CPS HAS MANY STRENGTHS

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TSG's review required working daily with numerous CPS staff across the state, from State office to each of the Regions, all facing differing challenges, differing workplaces and differing circumstances. One thing that stood out clearly to our team was that this is a talent-rich, dedicated group of workers who are deeply committed to their mission. They work cohesively, as a team, to keep children safe and they represent a strong mix of younger and older individuals from many walks of life.

Moreover, DFP has made a considerable commitment to enhancing child protective services over the years. These include improving technology, training and data analysis, as well as significant research of safety/risk assessments. There is currently an extensive amount of development within the organization to upgrade the ability of staff to maximize their ability to protect children.

Throughout the Regions, we also observed a strong culture of doing whatever it takes to respond to the needs of children. There is ample evidence of groups coming together as high performing teams to respond to a crisis and hundreds of examples shared of when CPS performed at its best. The working conditions in the field are challenging at best – the CPS worker typically sees the families when they are at one of the lowest points in their lives, not their best. There are all too many stories of insect filled homes, dirty houses where a worker didn't want to sit down, homeless families, hostile families, and children who have seen abuse and neglect that no one should ever have to endure. Leadership must provide the professional management as well as the emotional support to guide the workers through the challenging nature of their jobs.

### CPS At its Best

During interviews and the TSG survey, we asked CPS workers to, "Please give one example you have seen of CPS working at its best. What happened? Who was involved? What was your role?" This is a recognized assessment technique called "Appreciative Inquiry." It facilitates a discussion about how to build on CPS' strengths going forward.

As a team, we were personally moved by the out flowing of heartwarming stories about coming together to intervene on behalf of children—working together to build safety, well-being and permanence. The next few pages might be the most important part of this Assessment. For



whatever TSG reports about operational improvements and management opportunities, CPS is effectively intervening into tens of thousands of potentially dangerous family situations to make the future better for Texas' most vulnerable children.

### **Workers pull together to focus on the children**

"We had a recent case where a child was tragically killed in a house where lots of family was present. English was not the primary language. Law enforcement helped with language issues. We were able to get right in there. Special investigators were out there to make sure we were getting the right resources. The caseworker did a great job. She had placed the other children with relatives until we could identify what happened. We were at a place where we could not identify the perpetrator, and we were able to get together our regional attorneys, prosecutor, DA who handles cases on the civil side, one of the doctors from Children's Hospital all to the table. We put these people at the table within hours and we got everyone we needed there. Everything we needed to do on that case was done, even before law enforcement was able to pin point a perpetrator. This was an example of good teamwork. In this case, everyone was around the table in a few hours of notice and even the prosecutor, who was home with a sick child, found a babysitter to come to the meeting. Everyone pulls together for the children."

"I have seen numerous cases where there was a removal and a large sibling group and workers work as a team to get everything set up with paperwork and go to court and get ready for an emergency hearing. Whenever you see a team work for the good of the child; that is CPS at its best. That happens a lot here. You hear a lot of the negative but the teamwork does happen every day."

"At the end of day we are a team. You do not survive if you do not act as a team." "CPS is always at its best when everyone works as a team to help a family."

"A caseworker was in court and received word that she had to travel out of town that day to place a child 4 hours away. I went to the school to pick up the child while the caseworker got a rental car and packed to stay overnight. It's called teamwork and it happens every day."

"A great example of teamwork in my current unit was when a caseworker could not fly to Atlanta, GA to place a child, and a co-worker volunteered to do so."

"Co-workers often pull together to help children that have been removed from their home. We work as a team to ensure the children's needs are being met while they are in the office waiting for a place to go. This includes using our own money to buy food,

supervise them, and help the removing worker sift through the ridiculous amount of paperwork it takes to make a removal happen."

"A certain CPS INV worker was willing, with short notice, to fly with a child to another City for a placement. Get a rental car, drive the child to placement. Stay the night in the other City, then get a flight back to San Antonio the very next morning. I assisted the Unit Admin in preparing and making travel arrangements. With both of us staying past 5pm in order to make sure the worker and child got travel arrangements set up correctly."

"There are too many to mention for as long as I have been around. Mostly it is the whole office working as a team especially in rural areas like ours which no one seems to appreciate or acknowledge; working together when there are no supervisors around. We all wear all kinds of hats, not just one."

"I think that CPS is at its best when we are working in concert with other agencies in our area and can bring about positive change for children."

"In investigations, when you remove a child from a horrible place, it is the most rewarding feeling when months down the road you have an opportunity to see that child flourishing in a new environment."

## Helping families pull themselves together

"When I see my clients in town who successfully completed the services and they are with their children and they are doing good. It doesn't get any better than that."

"I once had a mother with seven children who had five different fathers. She used drugs and although she was pretty well organized with the children, she was living with the father of her seventh child and we removed the children. I was the caseworker. By the time the family was reunited, she was married to the father of her youngest child, was comfortable in a stable housing environment, and was off drugs and had completed a course of study. That is an example of CPS working at its best."

"Our unit received a P2 referral. A caseworker was assigned and initiated the case. When the worker arrived at the home, a young child had been deliberately burned severely. The child's hand had been placed on the burners of a stove by his mother. The worker immediately called her supervisor for guidance as to whether the child could be taken into custody. The supervisor obtained approval from the program director, and the child was removed from the home. Over the course of the case, the parent obtained parental guidance and counseling. Eventually the child was returned to his parents. It was hard in the beginning, visitation was allowed and the child would scream and cry at

the sight of his mother. Things gradually improved. There were a number of workers involved in the case and I would like to commend all of them. All too often, young parents who have not had parental guidance in their own lives simply do not have the experience and do not understand childhood development and discipline issues."

"I had a case in which CPS had been previously involved, removed the child, returned the child, and then closed the case. A few months later, the mother came into the CPS office asking to speak with the prior worker. She informed the prior worker that she had relapsed, needed services, and needed her child to be placed in foster care again because she did not want her child to see her like this. The child was a toddler. She also voiced concern about a new domestic violence relationship she was in and she was scared to go home and get her belongings to go into a shelter, as the man that was violent towards her was at the residence and had made threats towards her. The CPS worker helped her call in her own CPS case while at the office. The CPS worker took a special investigator with her with police to get the mother's belongings. The CPS worker assisted the mom with a police report regarding the domestic violence. The CPS worker also assisted mom with finding a rehab facility that both her and her child could be at together, since the mother was honest, forthcoming, and attempting to be protective. FBSS services were initiated. The family was successful. The mother still maintains contact every now and then with caseworker to tell her how well she is doing and thankful for CPS for helping her."

"I was in training through BSD and following a caseworker in my unit. CPS had found a home for a child that was the result of "Baby Moses" (dropped off at the hospital) with delays as the result of the mother drinking heavily while she was pregnant. Due to his developmental delays, it was difficult to find a "forever home" because the family would have to realize they would be caring for this child for a lifetime. Diligent efforts led to finding a family for this bright, beautiful boy. I visited the home with my co-worker and the mother who wants to adopt this little boy loves him so much, regardless of any disabilities. I think that is CPS at its best. Making sure children are in warm, loving homes, regardless of the exceptional circumstances."

"A sibling group of 4 children were adopted by two wonderful families and they maintained contact with each other so that the siblings could maintain their relationship. The children came from horrible circumstances with severe drug addiction, domestic violence, prostitution, extremely unsanitary living conditions, exposure to gang and criminal activity. Rights were terminated so the children could be adopted by two families that would give them protection, love and a great life. I was the caseworker."

"Adoption of foster children!!! Sib groups, older teens, children with disabilities. All children need a family. It is rewarding beyond words to talk with families who adopt our children. The adoptive parents say they are the ones who are blessed!"

“An adoption was consummated. The child was labeled "unadoptable" by some. I worked to find a forever home for him. His adoptive parents thanked me, stating that I was the only one who ever documented anything positive about him. I always documented his incidents and high-risk behaviors, but we must remember to document the good along with the bad.”

## **Finding services for families**

“I remember one case where there was a large family that did not have beds for all of the children, the department got funding for beds and sheets for the family. We picked the beds up and transported them to the house. The children were so happy that they each had their own bed. It was amazing that such a small thing could make them happy.”

“CPS is at its best when our clients get their lives together. One time I transported a mother and father to and from drug classes and counseling for 4 months. I got to talk a lot with the parents. After the case was closed out I received a text message from the mother 18 months later telling me that they were still clean and sober.”

## WORKLOAD INCREASING

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“When case loads are too high, you cannot provide quality service to the client.” – Survey Response

“Stress of the job and the current workloads are unrealistic.” – Survey Respondent

“I spend several hours just completing a HSEG form. A child’s plan of service for one individual a child plan can take 2 to 3 hours, and most cases have three or more children. I think any form that takes more than 15 to 20 minutes to complete is unrealistic. We are supposed to be in the field helping families.” – Survey Respondent

While there is considerable talent within CPS, the time and demands on the workforce is increasing significantly. The legislature recently added a number of positions to address caseloads, but the workload demands on staff are not driven simply by the number of children and families assigned to each worker. There are a number of other factors that result in higher work demands, including increased Family Code compliance requirements, constantly changing agency policies, additional and changing forms, system and IT adjustments, and information sharing and handoff issues, all of which add more administrative work to caseworkers.

The net result of these increasing workload demands is that workers spend less time talking to families and children and more time handling administrative tasks. A TSG survey verifies what we heard by spending time directly with regional field staff, that caseworkers only spend 26% of their time interacting directly with families. These clerical and compliance tasks are creating a barrier that is qualitatively reducing the CPS caseworkers’ ability to keep children safe.

### Family Code Compliance Increases Demands On Workload

To put this in perspective, consider the implications of the Texas Family Code’s reporting requirement and the administrative burden it can place on caseworkers. Most of its requirements seem to be connected to child safety, permanency or well-being, and we witnessed firsthand, through interviews and discussions with legislators and legislative staff, the passion and commitment to assist CPS in its mission. That level of commitment is exemplary. However, we

found in our review that many of the additional mandates (or commitments made to stave off mandates) that have been passed on CPS over the years, through the Family Code, do not necessarily come with the requisite resources, or with a detailed review of workload impact or a time study prior to enactment, or as part of the fiscal note. Thus, legislators may not be getting the true sense of the impact on the workforce.

Moreover, while an individual requirement may not be overwhelming, as time goes on and requirement is added upon requirement, the sum total becomes difficult to manage. For example, a requirement for documenting information in a case file or court report, or of providing notice or information would never be unworkable in and of itself, but aggregated, they can be a major workload. Additionally, any particular failure can be something that can get a caseworker into trouble, particularly if it is a high profile case. Some of the documentation requirements are extremely important, e.g., service plans and court reports.

But a number of the statutes in the Family Code, we observed are prescriptive and granular, and others legislate good judgment. This is, in part, most likely because of mistrust that the agency will make the right decision and in part because of the consensus building process. Many other statutes even duplicate federal law, and sometimes cause confusion and additional mandates through interpretation of the differences between State and federal language. See Appendix G for a partial glimpse into some of the Family Code Chapters that may fall under these above categories. There is no doubt, however, that each is well intentioned.

Finally, some statutory mandates create complicated requirements. For example, the statutorily required removal checklist is an illustration of how complicated some of these requirements have become in practice (bringing multiple copies of forms, filled out in part, so they can be signed and effective at the time of placement, which may be in the middle of the night, etc.). See Appendix H (Removal Checklist). Another example is placement policy - which is currently being revised and involves a lengthy list of required steps.

## CPS ORGANIZATION

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“The concept of "team" is critical to CPS work and is one of the most effective methods of ensuring unit performance – which in turn promotes staff wellness and retention which in turn leads us to better outcomes for children and families. We need to put some effort into this!” – Survey Respondent

### Description

CPS’ organization responds to the complex need to organize a complex responsibility across a large state. The organization supports three main programs (Investigations (INV), Family Based Safety Services (FBSS) and Conservatorship (CVS) as well as several others. It provides services in vastly different regions. It is both a service provider and a manager of vendor services, such as arranging for children to live in families who provide the services. The organization supports a mixture of high and low-volume activities, of essentially clerical and legal-support tasks as well as some of the toughest decisions government is asked to make decisions that affect children at risk. Today, CPS is an organization of approximately 9,000 individuals spread across 11 regions.

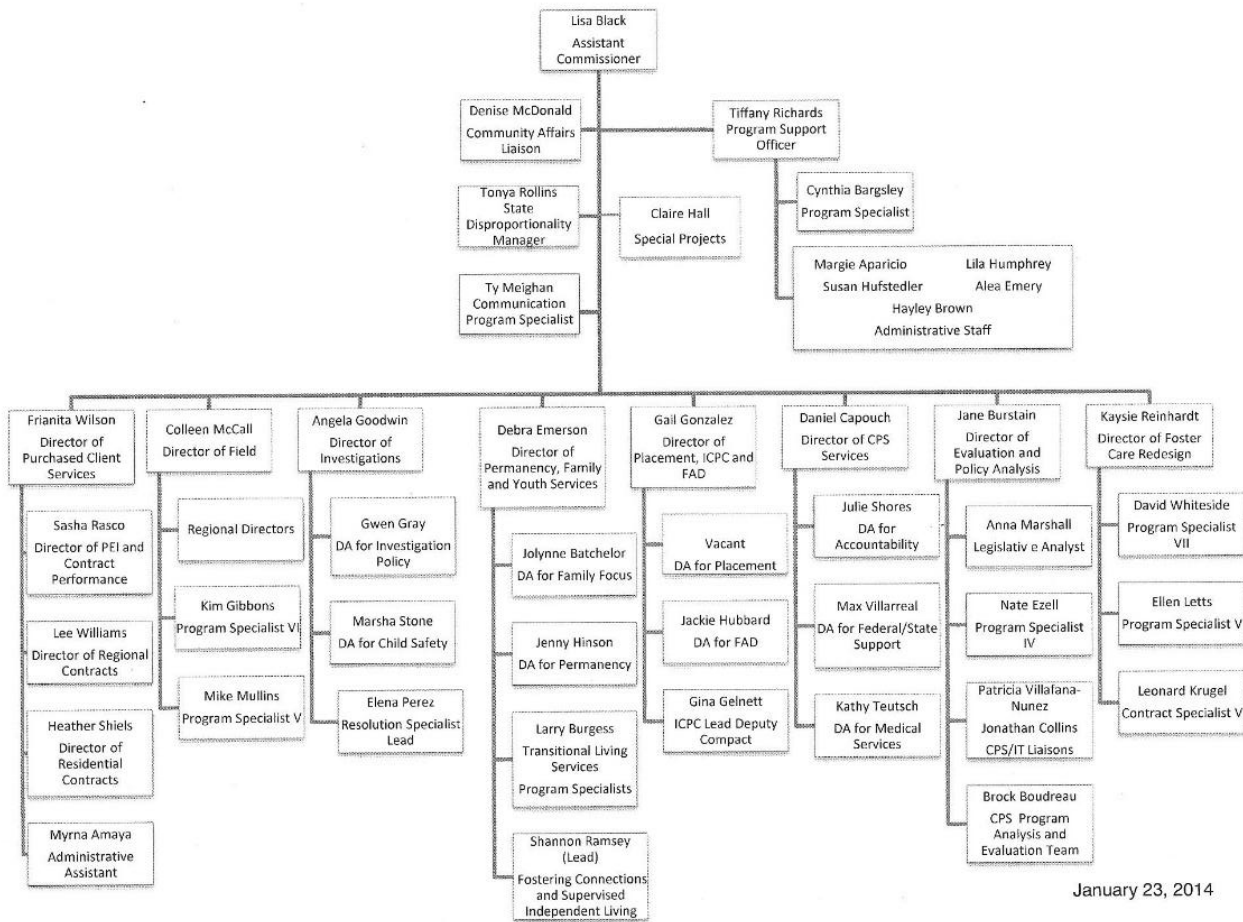
In addition to organizing for its own organizational needs, CPS must respond to outside stakeholders including the legislature, courts, services providers and advocacy groups. In addition, its activities are subject to federal oversight and regulation.

The CPS organization exists within the larger context of the HHSC and the DFPS organizations. These groups provide a number of services that CPS relies on including HR, Finance, Training, IT, Procurement, and State-Wide Intake. Within CPS, there are a number of people in the State Office while the majority of resources are located and managed in the regions. There is a good mixture of leadership in CPS of those who have deep experience in the child welfare field and those who grew up in other organizations who bring a perspective of how other organizations operate.

Figure 8 depicts an operational view of the CPS organization.

Figure 8 - CPS Organization

**CHILD PROTECTIVE SERVICES • STATE OFFICE  
ORGANIZATIONAL CHART**





**Leadership**

The leader of the CPS organization is the Assistant Commissioner who supervises the Field Operations, Purchased Client Services, Investigations, Permanency, Family and Youth Services, and Placement, ICPC & FAD, Evaluation and Policy Analysis, CPS Services (Accountability, Federal/State Support, and Medical Services) and Foster Care Redesign. This person is responsible to be the external face of CPS to the Media as well as the internal coordinator and integrator of all the activities of CPS. The Assistant Commissioner reports to the Commissioner of DFPS and is a peer to the COO, CFO, Assistant Commissioner for Adult Protective Services, and the Assistant Commissioner for Child Care Licensing.

**State Office Functions**

Figure 5 summarizes the key State Office departments, the specialist roles within each one, the number of positions associated with each role, and the primary work location of these people. These numbers are authorized positions as of January 2014. The actual filled positions are slightly lower than these headcounts

Table 5 - State Office Departments

Department	Specialist Role	Number of Positions (as of Jan 2014)	Primary Work Location
CPS Foster Care Redesign	Director & Program Specialist	2	State Office
CPS Investigations	Child Safety Specialist/Lead Child Safety Specialists	50	Regions
CPS Investigations	Screeners	50	Regions
CPS Investigations	Child Safety Director	1	State Office
CPS Investigations	Investigations Policy DA	1	State Office
CPS Investigations	Director of Investigations	1	State Office
CPS Investigations	Best Practice Specialist	1	State Office
CPS Investigations	Child Fatality Review Lead	1	Regions
CPS Investigations	Investigative Supervisor	4	Regions
CPS Investigations	Quality Assurance Specialist	5	Regions
CPS Investigations	Resolution Special Investigator	13	Regions
CPS Investigations	Program Specialist	2	State Office
CPS Permanency, Family and Youth Services	PAL Program Specialist	1	State Office
CPS Permanency, Family and Youth Services	Permanency DA	1	State Office

Department	Specialist Role	Number of Positions (as of Jan 2014)	Primary Work Location
CPS Permanency, Family and Youth Services	Permanency Practice Program Specialist	1	State Office
CPS Permanency, Family and Youth Services	Permanency Program Specialist	2	State Office
CPS Permanency, Family and Youth Services	Transitional Services Lead	1	State Office
CPS Permanency, Family and Youth Services	URM Program Specialist	1	State Office
CPS Placement, Family and Youth Services	Master Pride Trainer	1	State Office
CPS Placement, Family and Youth Services	Placement DA	1	State Office
CPS Placement, Family and Youth Services	Residential Treatment Placement FSS	9	Regions
CPS Placement, Family and Youth Services	State Office Placement Program Specialists	4	State Office
CPS Placement, Family and Youth Services	TARE Program Specialists	2	State Office
CPS Regional Operations	Program Specialists	2	State Office
CPS Services	Medical Services DA	1	State Office
CPS Services	Medical Services Program Specialist	3	State Office
CPS Services	Quality Assurance Leader	5	Regions
CPS Services	Quality Assurance Specialists	18	Regions
CPS Services	Well Being Program Specialist	7	Regions
CPS Services	Human Services Specialists	2	Regions
Policy Analyst Division	Director	1	State Office
Asst Commissioner CPS <sup>10</sup>	State Dispro Manager	1	State Office

The CPS organization has a number of significant aspects to it. These include:

- The CPS organization has a number of matrix components to it. It has a traditional functional hierarchy where most of the full-time positions are organized by function within a geography (a region). Overlaid on that regional hierarchy are a number of functional roles that have either strict reporting relationships, or informal influence

<sup>10</sup> TSG analysis of HR Request-CPS January 05-14 67166.xlsx

relationships (often called dotted line relationships) between the subject matter expert at State Office and the worker within the region. For example, when the State Office investigators set policy for investigators in the regions, the State Office personnel have a strong influence role – while the formal reporting relationship is through the Regional Directors. Matrix organizations are effective at balancing a number of conflicting priorities, but they require close coordination to prevent sending conflicting messages to the front-line worker.

- There are a number of people who report directly to State Office leaders yet are physically located across the state and housed with the regional staff. The largest groups in this category are the Child Safety Specialists, the Screeners, and the Quality Assurance Specialists. The Child Safety Specialists reviewed 15,837 cases in FY13 as second approvers. The Screeners take a second look at reports from State-Wide Intake and attempt to expedite the cases that may only require a phone call or minimal work to close. The Quality Assurance team reviews closed cases to ensure compliance with Federal standards. In today’s virtual world, it is certainly possible to manage people who are physically located elsewhere. But it introduces challenges in making those people feel connected as well as supervising them as closely as one can using the tried-and-true “management by walking around” technique.
- There are a number of different specialist roles that exist in very small numbers. CPS has created a number of niche expertise positions to deal with the complexity of child welfare work. In order to understand what all these specialists do, TSG interviewed some of the specialist positions in State Office including Eligibility, Medical, Placement, PAL, Investigations Program, FBSS Program, and Foster Care and Adoption Specialists. These individuals have a role that combines responsibility for responding to escalations from the regions, staffing individual, complex cases with the regions, responding to Legislative and Commissioner requests for information, streamlining the policy manual, assisting with policy clarification, supporting IV-E and IV-B plans, supporting federal audits, liaising with HHSC, and implementing special projects. Some of these specialists have a matrix relationship with similar subject-matter-experts located in the regions. They may be responsible for generating training content for webinars or tip sheets to share with the regional personnel. They may be responsible for interfacing with other systems and data sources such as Child Placement Vacancy Database, STAR Health Passport, Attorney General Portal, Birth Verification, TIERS, TexMed Connect, TLETS (Law Enforcement), Accurint, and Data Broker.

**Regional Functions**

The vast majority of the CPS resources are assigned to the 11 Regions as shown in Figure 9 and they report to the Director of Field Operations as shown in Figure 10.

Figure 9 - Texas Regions

- 1 – Lubbock
- 2 – Abilene
- 3 – Arlington
- 4 – Tyler
- 5 – Beaumont
- 6 – Houston
- 7 – Austin
- 8 – San Antonio
- 9 – Midland
- 10 – El Paso
- 11 – Edinburg

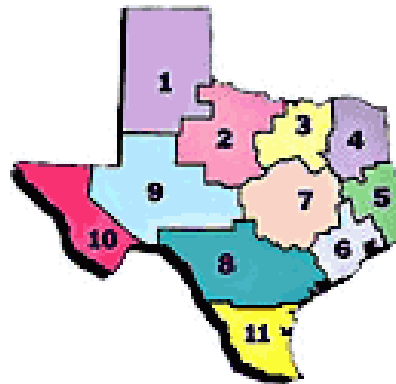
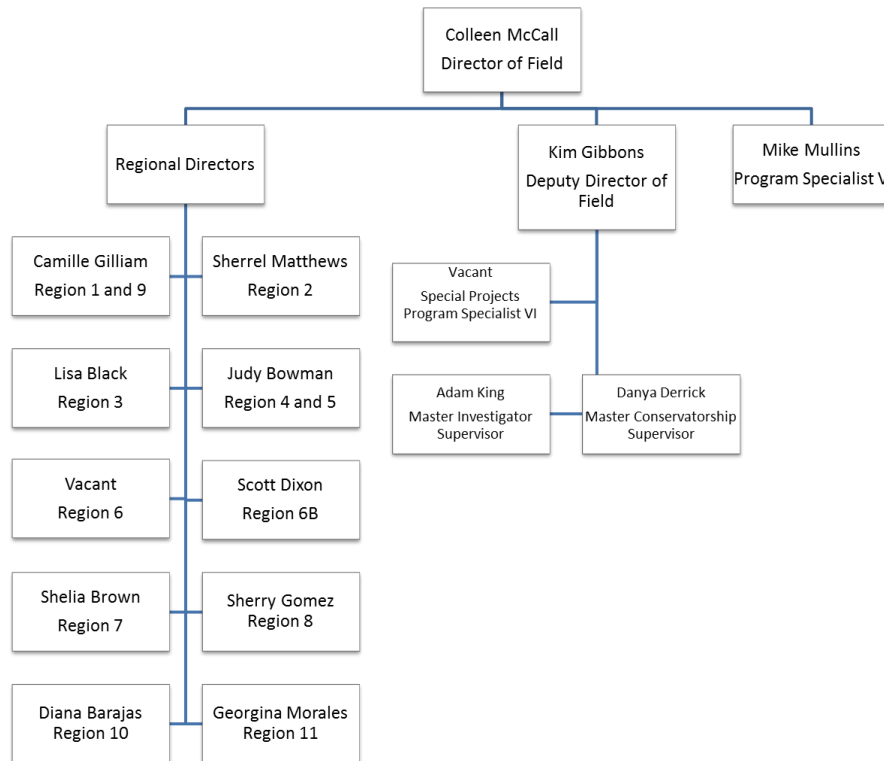


Figure 10 - Field Organization Chart

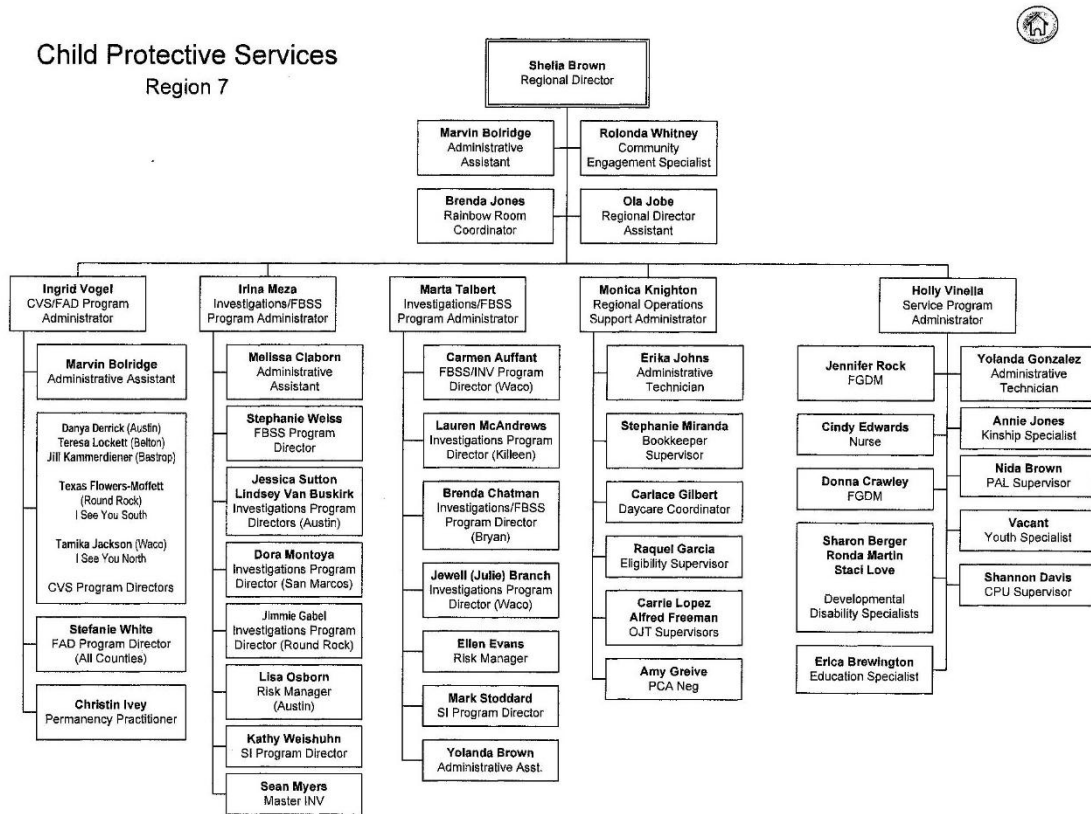


The regions have standard job descriptions, standard ratios for supervisors to front-line workers, and standard ratios for administrative support. There is some variation in the top leaders at the region based on the size of the region.

Smaller regions have collapsed leadership roles into a smaller number of people. For example, a single person might supervise two stages of service and multiple counties. A smaller region might combine the role of PAs and RAs and might have a single PA responsible for all stages of service.

TSG includes the organization chart for Region 7 as a sample as Figure 11. The organization charts for all the regions are included in Appendix K.

Figure 11 - Region 7 Organization Chart



Revised 01/01/2014

Table 6 shows the roles that exist within the CPS Regional Organization and the number of positions associated with each role. For simplicity, the career levels within roles are combined into a single line item. For example, CVS Specialists I through IV are shown as one consolidated line item.

Table 6 - Regional Roles

<b>Regional Role</b>	<b>Number of Positions (as of Jan 2014)</b>
Budget Analyst	1
CPS Accounting Technician	23
CPS Border Liaison Specialist	1
CPS Central Placement Admin Asst	4
CPS Central Placement Supervisor	4
CPS CIS Family Services Spec	1
CPS CIS Vol Ser Coordinator	10
CPS Cook Hosp Lia Specialist	1
CPS CPU Coord Spec	43
CPS CVS PA Manager	12
CPS CVS PD Clerk	25
CPS CVS PD Supervisor	56
CPS CVS Specialists	2015
CPS CVS Supervisor	279
CPS CVS Unit Admin Asst	282
CPS CVS Unit HST	281
CPS DayCare Coord Spec	9
CPS DePelchin Liaison Spec	1
CPS RD Admin Asst	2
CPS Deputy Regional Director	1
CPS Development Disab Specialist	12
CPS Educational Specialist	12
CPS FAD Faith Based Specialist	12
CPS FAD PD Clerk	5
CPS FAD PD Supervisor	4
CPS FAD Recruiter HSS	6
CPS FAD Specialist	202
CPS FAD Supervisor	32
CPS FAD Unit Admin Asst	23
CPS FAD Unit HST	2
CPS FBSS PA	3
CPS FBSS PD Clerk	6
CPS FBSS PD Supervisor	25
CPS FBSS Specialist	951

<b>Regional Role</b>	<b>Number of Positions (as of Jan 2014)</b>
CPS FBSS Supervisor	129
CPS FBSS Unit Admin Asst	134
CPS FBSS Unit HST	132
CPS FC Elig Admin Asst	4
CPS FC Elig Spec	61
CPS FC Elig Clerk	4
CPS FGC Specialist	188
CPS FGDM Specialist	25
CPS Group Treatment Coord Spec	1
CPS I See You Admin Asst	5
CPS I See You HST	11
CPS I See You Specialists	84
CPS I See You Supervisor	9
CPS INV PA Mgr	17
CPS INV PD Clerk	33
CPS INV PD Supervisor	71
CPS INV Rsk Fam Svcs Spec	13
CPS Investigator & Trainee Specialists	2388
CPS INV Unit Admin Asst	220
CPS INV Unit HST	165
CPS Investigative Supervisor	380
CPS Kinship PD Admin Asst	1
CPS Kin PD Clerk	1
CPS Kin PD Supervisor	4
CPS Kin Specialist	210
CPS Kin Supervisor	23
CPS Kin Unit Admin Asst	7
CPS Kin Unit HST	19
CPS Legal Asst Admin Asst	1
CPS Legal Asst	4
CPS Legal Secretary	8
CPS Legal Supervisor	2
CPS Legal Support Spec	29
CPS Master Investigator	24
CPS Nurse	9



<b>Regional Role</b>	<b>Number of Positions (as of Jan 2014)</b>
CPS OJT Supervisor	19
CPS PA Admin Asst	16
CPS PA Mgr	11
CPS PAL Admin Asst	1
CPS PAL Spec	49
CPS PAL Supervisor	4
CPS PCA Neg Prog Spec	12
CPS PD SI Investigator	17
CPS Permanency Practitioner	11
CPS Prgm Support Spec FSS	9
CPS Rainbow Vol Serv Coord	13
CPS RD Admin Asst	9
CPS RD Asst Prog Spec	11
CPS Receptionist	1
CPS RD	10
CPS ROSA Admin Asst	8
CPS ROSA	8
CPS SAVE Spec	1
CPS SAVE Supervisor	1
CPS Senior Investigator and Trainee	183
CPS SPA Admin Asst	11
CPS Spl Immigrant Juv Spec	3
CPS SSI Coordinator HHS	11
CPS Tarrant Board Liaison Supvr, Spec, Clerk, Admin	4
CPS Vol Serv Coor Admin Asst	1
CPS Vol Services Coord	1
CPS Youth Spec Admin Asst	11
Foster Care Redesign Adm PS	2
Manager	1
Program Specialist	3 <sup>11</sup>

<sup>11</sup> TSG analysis of HR Request-CPS January 05-14 67166.xlsx

In a typical hierarchical organization, one would expect to see largest number of people in the frontline or client facing roles, a smaller number of people in middle management/supervisory roles and a small number of leaders at the top of the organization. The organization would look something like a typical pyramid.

To put the CPS organization in that context, it is helpful to look at each by stage of service. From that view, the organizational composition is summarized in Table 7. This shows that the regions run on a very efficient model where the leaders supervise a large number of people. The middle management/supervisory ranks are also pretty lean with an average ratio of 1:8 between supervisors and front-line staff.

Table 7 - Supervisory Ratios

Stage of Service	Front-Line Workers & Administrative Support	Supervision	Top Regional Leadership
Investigations	33%	4.9%	0.2%
FBSS	17%	1.8%	0.1%
Conservatorship	36%	4.5%	0.1%
Cross Stages	1%	0.3%	0.2 <sup>12</sup> %

## Design Principles

The current organization appears to have been influenced by the following design principles:

- Transparency of roles between CPS and the Legislature
- Building deep expertise at each stage of service and in highly specialized areas of practice
- Positioning State Office as the primary source of communications with the Feds, Legislators, and most external stakeholders
- Positioning State Office to set policy and procedures and to inspect compliance with policy and procedures
- Standardizing job descriptions wherever possible
- Standardizing span of control wherever possible
- Minimizing the number of regional leaders and supervisors to run as economically as possible

<sup>12</sup> TSG analysis of HR Request-CPS January 05-14 67166.xlsx

## *Assessment against Design Principles*

### **Adherence of the Existing Organization to the Perceived Design Principles**

The organization is consistent with the above Design Principles.

- The vast majority of the workers are aligned with job titles focused on individual stages of service.
- There is consistency in the compensation, performance management, and span of control across the vast majority of employees in CPS (although there is some disparity in compensation between direct care and supervisors that we will discuss in more detail in the Job Analysis section).
- State Office is positioned as the source of policy changes and the Quality Assurance roles are designed to be the primary inspector of quality across the organization.
- The number of Specialist roles at State Office reinforces the commitment to maintaining deep expertise for every stage in Child Welfare.

### **Turnover, Staffings, and Supervisory Ratios**

CPS has created very frequent checkpoints between workers and supervisors as a way to deal with the high turnover in investigators, FBSS and CVS workers (Turnover will be discussed in more detail in the Job Analysis section). These checkpoints are a necessary control point for newer workers; however, they do require a significant amount of supervisor time. Given the level of responsibility, the turnover particularly in investigators, and the number of staffings in the various INV, FBSS, and CVS processes, it is surprising that CPS can operate with as few supervisors as they do.

### **Organization's Alignment with Strategic Plan for CPS**

We have not found much evidence that the HHSC Strategic Plan is a key driver for the organization within CPS. There are clear targets for performance in this Strategic Plan but they don't appear to impact organizational design.

### **Specialists vs. Flexibility in the Regions**

The CPS organization has highly specialized job descriptions for each stage of service. The highly specialized roles allow each person to become proficient in the nuances of the process and technology. The downside of the high degree of specialization is that it locks people into that stage of service and provides less flexibility to have workers respond to variations in workload.

**Insufficient Coordination of Changes Rolled out to the Field**

There is insufficient coordination across the State Office personnel who roll-out changes to the field. There does not seem to be a unified message to the field about what constitutes priority and a unified approach to supporting new policy and procedure changes with training, technology, and metrics to measure take-up and reinforce the new behaviors. The field does not perceive that the training, the policy change, and the support in IMPACT are well coordinated to support all the new practices that are rolled out.

**Internal/External Focus of State Office Specialist Positions**

Many of the State Office Specialist positions support the field as an escalation point for individual cases, initiate changes to policy, respond to external stakeholders, reflect on best practices, and to move the Department's thinking and practices forward. It is not clear that the current organizational model allows the personnel to easily balance between the internal operational needs and the external stakeholder.

**Relationship between State Office and the Regions**

There is a lack of integrated teamwork across many of the people in the regions and those in the State Office. The geography of a large state and a limited travel budget doesn't help in building trust and insight into what the other person does. There have been attempts to bring closer alignment between the groups that work closely together. For example, the Purchased Client Services personnel have deep expertise in contract and vendor management while their services are provided to the families primarily throughout the Family Based Service and Conservatorship stages of service. CPS brought the Purchased Client Services group under the CPS umbrella a couple of years ago to improve this alignment and coordination.

**Regional Design Standardization***Description***Resource Allocation**

Within the regional organizations, there is a standard model for determining the number of investigators, FBSS, and CVS workers that are needed to support each region and each county. Regional Directors know how to translate the county resource allocations into the physical offices that support each county. The model is based on a 24-month rolling average workload. There is a standard model for the ratio of supervisors to front-line workers and a standard

approach for assigning administrative support to each stage of service. There is a reasonable tolerance for regional variance between the urban and rural locations.

The regions vary in size from the smallest region that has approximately 3% of the CPS front-line workers to the largest region with approximately 22% of the CPS front-line workers. The regional org charts are included in Appendix K.

## *Assessment*

### **Timeliness of Adjustments to Resource Allocation**

The use of a rolling 24 month workload model to allocate personnel to regions has the effect of slowly reacting to changes in workloads. While this is good during periods of downsizing staff, it can make CPS react to new spikes in workload more slowly.

### **Degree of Specialization and Difficulty in Making Changes**

The depth of specialization in front-line worker roles creates inflexibility in responding to short term needs. The separation of duties between investigators, FBSS workers, CVS workers, Kinship workers, FGDM workers, PAL coordinators, and a few other roles in the region allows workers to develop deep expertise in their area. The workers, supervisors, and leaders consistently report the learning curve is steep and switching between areas is not something they could easily do on a day-to-day basis. However, if a region has a spike in attrition of investigators, it would be helpful to be able to quickly reassign some people from other stages of services to investigations to help out until the vacancies have been filled. At the present time, there is a 2-3 month approval process to shift people or positions from one area to another. In addition, salary differential between the positions make it difficult to make a switch. There are barriers to personnel movement even between groups like FBSS and CVS where the salaries are equivalent.

### **Administrative Support**

The investigators, FBSS workers, and CVS workers live in a world that is still quite paper intensive. The communication to and from schools, therapists, physicians, attorneys, courts, and a host of other third parties is still fax, email or printed paper based. Information requests must be printed and faxed, printed paperwork must have original signatures, and final files are still printed and scanned into archives for permanent records.

While the role of the administrative assistants and Human Services Technicians may not be the most glamorous in the Department, they offload a tremendous amount of clerical work from the investigators and case workers. Recent cutbacks in these roles have had a significant impact on shifting this clerical work onto the investigators and case workers which puts extra strain on their ability to spend time with the families.

## Regional Differences in Organization

### *Description*

Some of the key differences between regions include the fact that Region 3 has a Deputy Regional Director while Region 1 has a Direct Delivery Support Director. Smaller regions combine roles such as SPA and ROSA or ask supervisors or Program Administrators to work across multiple stages of service. Smaller regions have more people who span multiple counties. This means they must be knowledgeable of the different protocols in working with law enforcement, the courts, and third party providers.

As shown in Table 6 earlier in this section, there are approximately 100 different roles that exist across the Regional Organization. The vast majority of these roles have less than 50 people in that role. The small numbers of specialists who report to regional leadership including Nurses, Education Specialists, Daycare Coordinators, Developmental Disability Specialists, Youth Specialists, Rainbow Volunteer Coordinator, I See You Specialists, FAD Faith Based Specialists, Quality Assurance Specialists, Permanency Practitioners, OJT Supervisors, Legal Support Specialists, ICPC Specialist, Border Liaison Specialists, and Central Placement Specialists.

As shown in the earlier Table 6 under the State Office Organization, there are also a number of specialists who report to State Office and who are physically sitting in the regions. These include: Child Safety Specialists, Screeners, Child Fatality Review Lead, Investigative Supervisor, Residential Treatment Placement FSS, Quality Assurance Specialists and Leader, Well Being Program Specialist, and Human Services Technicians. In addition, Budget and Contract personnel also sit in the regions and report to DFPS personnel.

### *Assessment*

The differences in the organization from one region to the next appear to be practical and responsive to the needs of the local environment and workload.

The degree of specialization of the roles in the regional organization is a delicate balancing act between allowing people to build deep skills in their stage of service and allowing CPS to quickly have the case workers respond to peaks and valleys in workload. There is a significant amount of specialization in the CPS organization compared to many other states, and there is a significant approval process required before a regional director can shift resources from one stage of service to another.

There do appear to be differences in how well the State Office personnel who are physically in a region are integrated into the rest of the team in the regions. This appears to be more a function of the culture and personality of each region than a deliberate design strategy. As a result, there is significant variance in how well the State Office personnel are perceived as adding value to the operations of the region and how well they are able to help out during times of crisis.

As mentioned earlier, there does not seem to be much travel budget for State Office leaders to travel to the regions to supervise the people located throughout the state for the groups of people performing the same function in various locations to come together for many meetings with their peers.

## **Perspective from the Field: Quotes from Regional Leaders and Front-Line Workers**

"We cannot change stages of service ever - unless you have permission from State office."

"There are lots of State office supervised jobs in the field and we have no ability to use them. They cause a morale issue because they are paid more and do less."

"A lot of the positions, in the past, have been supervised by Regions - but now the supervisors are in State office and they do not come to any of our meetings - they do not even come here."

"At the Regional offices the culture is too often 'us versus them.'" -- Member of Legislative Staff

"Family Based Services could be married to investigations which would allow more staff to look at those cases. The way it is set up today it is a separate service when it is transferred to investigation. You would then have the case kept in same unit...Too many times the case goes to Family Based Services and it does not improve safety." – Regional Director

“As managers, we have to make sure that we are connected with our staff. If there are issues we need to listen. This is something that you cannot always see on paper. You have to be involved. You cannot always be in the office. You have to spend at least 1/2 your time out in the field.” – Regional Director

“There is a huge disconnect with contractor services here at Regions. I would like to see a contract division here doing a lot more recruitment of contractors. "The way it happens today is you apply to be a contractor of services and then they become contractors.” – Regional Director

There seems to be confusion in the field about travel policy. From many case workers, we heard messages on how regional travel practices are, which are very detrimental to them feeling empowered. They *tell us they believe* there will be a steep penalty for not predicting their daily mileage. Many feel they get yelled at for exceeding the 100 or 150 miles per day rule in various regions when they can't predict where the case will need them to go or which case they need to work on that day. In reviewing this with Budget personnel, TSG learned that regional supervisors and management may have added this requirement in their daily operations. We learned instead that workers are “encouraged” to use rental car calculator to determine the most cost effective mode - car rental or personal mileage.

We also learned that field workers feel the documentation requirements for purchasing food when transporting a child are onerous and the amount of reimbursement not always sufficient to keep up with the appetite of teenagers.

Tenured workers do not feel they are given any more freedom to operate than brand new workers. They don't understand why a 3 year tenured worker isn't trusted a bit more than a new worker. Yet the steps in the process and the requirement to staff with a supervisor are the same for all workers.

The investigators and case workers do not feel they have an effective, anonymous opportunity to give feedback to leadership and to State Office.

There is a general backdrop of fear within the front line ranks. The high profile stories of criminal proceedings against CPS employees are well known throughout the rank and file workforce.



## Management Approaches

### *Description*

The approaches for hiring, training, and mentoring workers are described in the Job Description and Training sections of this report.

In addition to managing the day-to-day operations, CPS has created a mechanism to handle the Special Project requirements. CPS tends to assign a State Office person to manage each of their special projects. They are reluctant to pull very many people from the regions into work groups out of concern for the impact to caseload and child safety. While this shelters the regions from spending too many hours on the project design, it also contributes to the field's perception that State Office inflicts change upon them.

To gain a sense for the volume of Special Projects CPS is managing; TSG looked at a snapshot of those projects in progress as of March 2014. A few of these are highlighted below:

- Differential Response Enhancement (Alternative Response)
- Responding to changes in TLETS access
- Streamlining the approach for transferring cases between regions
- Quality assessment of 1000 investigations per quarter
- Implementation of alerts for cases at the 45 day mark
- Policy update on involvement of Special Investigator in unable to locate cases
- Response to Senate Health and Human Services interim hearing
- Child Death Investigation and Reporting Internal Audit
- Region specific training from Nurses
- Region specific Risk Based Supervision training
- Coordination with Texas CASA and regional presentations to CASA
- On-going work to standardize forms and require more approvals to update forms
- IMPACT design work to develop the portal for CASA to use
- Coordinated with the Texas Workforce Commission on youth/young adults receiving workforce services
- Updated Policy for Medicaid for Foster Youth-Former Foster Care Children Affordable Care Act Implementation
- Worked with UT-Austin and UT-El Paso on Youth Specialist agreement

- Worked with Interim House Committee on Tuition Waiver for foster children and higher education
- Submitted Title IV-B State Plan
- Working to find youth friendly materials on Human Trafficking
- Revising PAL policy and updating the Transitional Living Allowance on services available.
- Worked on specific contract fee issues with particular vendors
- Completed LAR requests for exceptional items
- Leading a Domestic Violence program in one county as a pilot for future policy changes
- Working with interagency group on best practice guidance around substance abuse
- Creating computer based training for workers on engaging fathers in child protection work at all stages
- Collaboration with various workgroups on Healthy Babies, Community Health Services, Supporting Expectant Teens, and Disproportionality
- Worked with two regions on developing FBSS Drug Courts
- Worked on implementation of SB44 (Joint Managing Conservatorship code)
- Supported meetings for Sunset Commission, CPS Operational Review
- Supported a significant number of meetings with external stakeholder groups

### *Assessment*

CPS seems to struggle to find positive ways to recognize individual performance and the culture seems to focus on the high profile mistakes people make. From an overall employee performance point of view, CPS appears to use many of the metrics requested by external stakeholders as their primary measure of individual performance. Open cases is a major driver of a worker's perceived performance. CPS has frequent communication between workers and their supervisors at formal checkpoints throughout their cases and there is plenty of review of the written narratives and court documentation prepared by the front-line workers.

There are some excellent examples of great managers in CPS. The Wall of Fame in one of the great examples used by managers in Region 6 to offer positive reinforcement and find ways to reward people for doing things well.

CPS has a tremendous amount of work going on at any point in time. There is more than enough work to keep the personnel busy. The challenge is to prioritize the work, against a useful set of criteria, to know what to say "no" to and what to defer to later. In Task 3, we will offer

recommendations on a more streamlined allocation of some of these resources to maximize the value to the regions and enhance their ability to successfully meet the mission of CPS.

## JOB ANALYSIS

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“Workers are overloaded and their quality of work may diminish due to the priority being *quantity*...this puts children at risk” – Survey Respondent

“I love this job and feel that it is very important, but I am exhausted and thinking about quitting.” – Survey Respondent

“Happy workers make productive workers. Productive, happy workers stay.” – Survey Respondent

### CPS Recruiting and Hiring Practices & Process

Executives and managers have long recognized the value of organizational stability and consistency. For leaders involved in child welfare, the impact of instability and an inexperienced workforce has more severe consequences due to the relationship of working with troubled families. Well trained, experienced, and those committed to the mission of child protection are critical to investigate allegations of abuse and neglect and ensure follow up interventions are provided to mitigate issues during a time of family crises. For children involved with child protection services, their caseworker could be their only link to assure child safety and they often serve as the only stable relationship during a tumultuous time in their life. Experienced child protection workers are essential to ensuring abused and neglected children and their families receive the support needed during times of need.

Consequently, the DFPS September 2013 Self Evaluation Report submitted to the Sunset Commission identified their number one opportunity for improvement as recruiting and retaining a high quality CPS workforce. In the summer of 2013, DFPS has also identified workforce management as a Priority 1 critical project.

In 2006, to assist the Department with the selection and hiring of CPS workers, DFPS engaged the Performance Assessment Network (PAN), an external human resources vendor, to develop a pre-employment test by creating a CPS profile of potential candidates using attributes of successful CPS workers. DFPS replaced PAN in September 2010 with STARK as their human

resources partner. STARK, offers a complete array of recruitment, screening, testing, behavioral interviewing, assessment, on-boarding assistance, employee retention strategies, and a full human resources information portal.

DFPS uses only the testing services offered by STARK. It should be noted that other HHSC Departments use more of the STARK array of HR services. For example, the Texas Department of Aging and Developmental Services (DADS) uses STARK for recruitment, pre-screening after the application is received, assessment testing, to include writing and English/Spanish skills, and then STARK grades the writing samples, and then sends the final SMART report to DADS. DADS then selects the candidates and conducts the final interview.

DFPS recruits using traditional methods, including online job announcements posted to employment websites and community, military, and university recruiting fairs. Candidates are directed to complete an online application in the HHSC CAPPS system. Candidates must meet the educational requirements and pass a general application screening. DFPS screens the applications to determine if candidates meet the minimum criteria such as; do they have the appropriate college degree and can they work outside of the standard 8 – 5 schedule. Qualified applicants are directed to STARK for testing.

STARK administers their CPS Specialist Personality Profile Assessment designed around six predetermined competencies. The competencies were developed with CPS focus groups in the early 2000s, they include; agreeableness, stress tolerance, conscientiousness, extraversion, openness, and altruism. Each competency is scored and given a percentile ranking and corresponding SMART Report with a summary of the candidates results and potential traits for each competency. Based on the results of the assessment, the SMART Report may suggest follow-up questions focused on areas of the assessment the candidate may have scored low.

The STARK SourceMatch Assessment Process is designed to help clients select the right candidate and eliminate the guess work from the hiring decision. STARK claims the SourceMatch provides objective data by testing to certain criteria and giving hiring managers an effective tool to make decisions.

STARK also administers a Skills Assessment test to include; vocabulary, problem solving, language (grammar & writing), reading comprehension, analytical skills, computer skills, and a writing test. An assessment for Spanish skills is also available for identified candidates. The results are included in the SMART Report and each skill is assigned a ranked percentile. The

candidates are also required to watch a twenty minute realistic job preview video as part of the skills assessment. The percentage of the video screening is included in the SMART Report.

Prior to the SMART Report being completed, the results of the writing samples are sent to DFPS for grading. Candidates with a passing score determined by DFPS are returned to STARK to produce the final SMART Report.

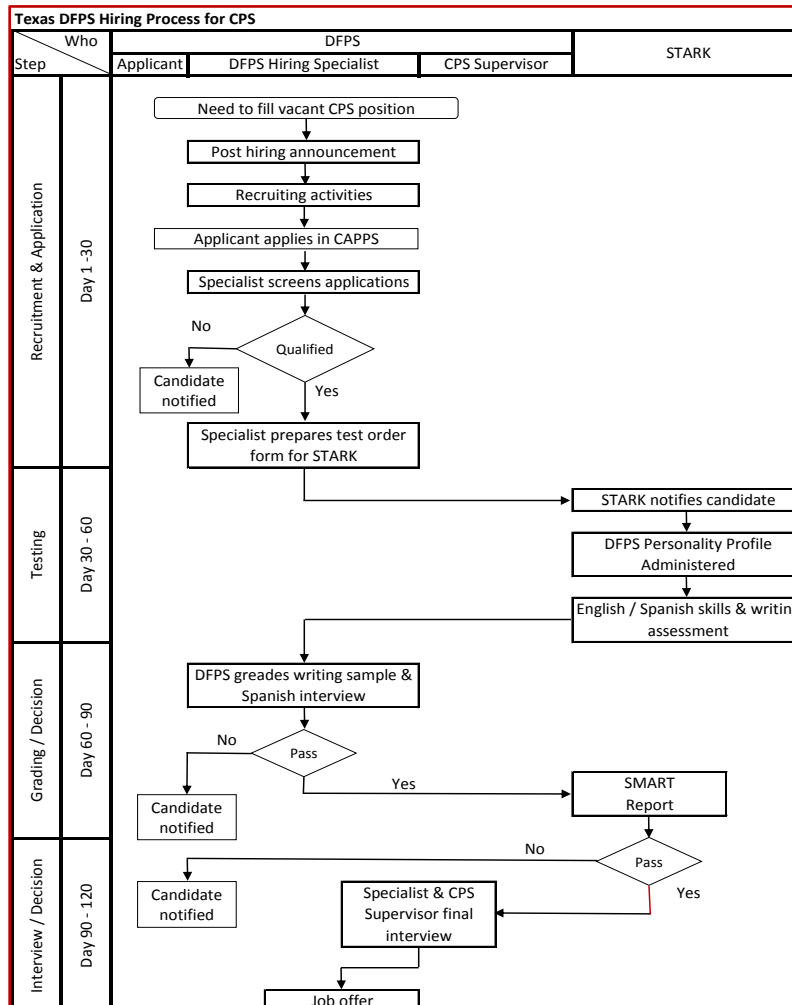
During FY 2011, DFPS referred 6,605 candidates for the STARK SourceMatch test, of those 4,685 were referred by CPS. During FY 2014, it is projected that DFPS will refer 16,146 candidates for the test, of those, 12,300 will be referred by CPS. The CPS increase during the last three years is almost two and half time greater, while other Divisions within DFPS, Adult Protection Services, Child Care Licensing, and State Wide Intake have remained relatively neutral during the same period. A portion of the increase in 2014 is related to the additional positions provided to CPS by the legislature, although there was also a significant increase of test referrals in 2012 and 2013.

Candidates with a passing score are reviewed by DFPS and selected for interviews. A DFPS Specialist conducts the interviews and although not required, best practice suggests a CPS supervisor participate. This is a practice that varies greatly across the state.

As one senior leader noted, “hiring practices are static, but they are on the radar to improve.” An example cited was the use of the same interview guide developed in 2006 by PAN. The CPS focus groups used to develop the competencies were also the same group that were vetted for the interview guide.

The joint venture with STARK was designed to improve recruitment outcomes and bring structure and consistency in how candidates were selected and hired. Since implementation, the process has been followed with slight variations to fit the operational needs of the regions around the state. Based on interviews with DFPS, STARK, and CPS, the process typically followed is presented in Figure 12.

Figure 12 - DFPS CPS Hiring Process



On the surface, the process seems to be a reasonably structured methodology to identify, select, and hire new CPS staff. However, the level of execution in relation to the amount of time each step takes varies widely across the state. The time frames are estimates based on regional interview data. The time frames between steps are also interdependent on the number of handoffs between DFPS and STARK during the hiring process.

These handoffs could cause unwanted delays in the process. For example, sourcing candidates (step 1) understandably varies by region and county due in large part to labor market differences, recruiting methods, and opportunities for job fairs or hiring events. Despite this fact, DFPS does

not have a proven and proactive approach to identifying quality CPS candidates before a referral to STARK for testing. In part, this is due to the lack of experienced and dedicated HR recruitment staff to perform this work, but primarily due to the historical and inherent difficulties of recruiting a quality CPS national workforce. This is not a problem specific to Texas DFPS.

In the current CPS recruitment and hiring system; local CPS management, local and statewide DFPS, and STARK are responsible for sourcing, recruiting, and selecting talent. As a result, activities are passive due to shared ownership and it makes it difficult to pinpoint deficiencies in the process.

Overall the selection and hiring process takes 60 – 120 days based on Regional CPS interviews. DFPS State Office reports on average it takes a little less than 100 days to fill a vacant CPS position. Including the amount of time for training, it takes 6 – 7 months to fill vacant CPS positions with a worker ready to be assigned cases.

Recruitment and selection takes too long and based on historical attrition rates, anticipated vacancy forecasting could be better utilized to predict the number of new hires needed to fulfill the infusion of resources allocated by the 83<sup>rd</sup> Texas Legislature.

During the operational review there was no evidence of a CPS workforce recruitment, selection, and retention strategy to include a proactive sourcing and talent management plan, although as noted earlier the workforce management plan is a Priority I critical project. The testing instrument and interview guides are outdated and should be re-validated to verify the tools are narrowing the applicant pool with the right candidates.

Moreover, the recruitment and selection process does not enable applicants to self-select out of the process based on an authentic portrayal of job duties. DFPS and CPS has the capacity to proactively target and attract a quality talent pool of the “right” candidates and is actively thinking forward to improve their recruitment and retention efforts.

The final operational review will point to specific areas of improvement that can be made to increase process efficiency, but more importantly ensure that the right candidates are being identified and selected.



## CPS Job and Work Descriptions

In order to evaluate the various factors that make up the human resources system of the child protective workforce, a critical first step is to look at the basic foundation of how the CPS positions are structured. A review of any position necessitates analyzing the job structure to include reviewing several components including, classification, compensation, and organizational positioning. The following current state analysis provides a summary of the structure of the CPS positions.

The grouping is not divided among the levels based on the knowledge, complexity, decision making and communication. Currently, the Department uses an identical classification system of the varying CPS workgroup positions by levels that represent a correlating increase in salary, but does not increase the level or responsibilities of the position.

The CPS Specialist includes investigators, CVS, FBSS, Kinship, Foster Care, and Adoption workers. The compensation classification and job description are delineated by levels; Level I through Level IV, with Level V representing a master worker that requires a competitive selection process. The advanced levels do not describe the jobs as high-proficiency positions when considering the requirements to perform the work. Although the Senior Investigator (Special Investigator) also is listed as Level V, the position has a different set of job duties.

Table 8 lists a description of requirements to advance from a Level I to Level IV Specialist.

Table 8 - Description of CPS Specialist Certification Requirements by Level

CPS Specialist Job Levels	Description
Specialist I	Level I CPS Specialists must have successfully completed HHSC and DFPS agency required trainings and CPS BSD Core and Specialty trainings. Agency required trainings include; Civil Rights, Workplace Violence Awareness, HHSC Computer Usage and Security, HHSC Ethics, Community Engagement I & II, DFPS New Employee Orientation, DFPS Subpoena Policy & Procedures, and DFPS Communicating in a High Stakes Environment.
Specialist II	To advance to a level II, candidates must have been a Specialist I for at least 9 months. No additional trainings are required for level II.
Specialist III	To advance to a level III, candidates must have been a Specialist II for at least 9 months and complete additional programmatic training. CPS Investigators must complete Advanced Techniques in Joint Child Abuse Investigations, while other CPS positions must complete 12 hours of general elective trainings. All CPS positions must also complete the following training; Child Development, Trauma Informed Care, 2011 All Roads Lead to Permanency Series, and Cultural Diversity – Knowing Who You Are.
Specialist IV	To advance to a level IV, candidates must have been a Specialist III for at least 24 months and complete additional programmatic trainings. CPS Specialist IIIs must complete the Enhanced Family Centered Safety Decision Making Series – Introduction, Application to Practice: Safety Intervention, Knowing the Family, and Family Engagement. Candidates must also complete an additional 25.5 hours of general electives.
Specialist V	These are master investigator and caseworker positions filled through a competitive process. Candidates must be at least a Level III Specialist and apply, interview, and be selected.

### Efficiency and Efficacy of Special Investigator Positions

In 2005, DFPS created a Special Investigator (SI) position to investigate and/or provide advanced investigative and consultative services to CPS Investigators. The Special Investigators are assigned cases that have serious criminal potential, are high profile, complex, and/or high-risk allegations. These cases require joint investigations with law enforcement.

Special Investigators are expected to accompany CPS Investigators and offer guidance on forensic investigative techniques, criminal statutes, and law enforcement procedures. Special Investigators are often requested to train other CPS staff and at times assigned small individual caseloads. At times, the Special Investigators serve as the primary liaison with law enforcement.

Minimum qualifications include a college degree in criminology, criminal justice, sociology, or social work with at least two years of law enforcement experience with primary duties involving forensic investigation methods. Four years of criminal investigations experience can be

substituted for the required degree. The preferred experience is working with multidisciplinary teams involved in investigating child abuse and neglect cases.

TSG consultants uncovered a wide variation of duties and responsibilities of the Special Investigators across the regions:

- Some SIs carry a full caseload while others are not assigned cases
- Some provide training and mentoring to other caseworkers and offer consultation in the forensic end of cases
- Some are deployed by their Regional Directors as part of rapid response teams to assist caseworkers with excessively caseloads

### Attrition and Retention Practices

CPS workforce attrition has been a national concern for more than 30 years. Attrition rates have been reported as high as 85% in some states throughout the years. In 2003, the U.S. General Accountability Office (GAO) reported that 98% of the states reported CPS attrition was a problem<sup>13</sup>. Nationally, CPS attrition is highest during the first three years and the average tenure of a CPS worker is two years. Thus, the child welfare system's capacity to serve at-risk and vulnerable children and families is substantially impacted by a shortage of a competent and stable workforce.

High CPS turnover disrupts continuity and stability of service for the families they serve but also creates instability in the workplace through increased workload and the depletion of skilled workers. Child welfare leaders know high attrition amongst the CPS workforce often has a direct effect on the quality of services and a negative impact on service outcomes. Improving the recruitment and selection of skilled workers is of critical importance to ensure the continuity of quality services and maintain reasonable stability in workload.

During 2004 – 2008, voluntary CPS turnover averaged approximately 30% and total turnover including promotions and dismissal was over 40% in 2006 and 2007<sup>14</sup>. In 2007, 75% of the CPS workforce had tenure of 3 years or less<sup>15</sup>.

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<sup>13</sup> <http://www.gao.gov/new.items/d03357.pdf>

<sup>14</sup> <http://www.cwla.org/advocacy/2008legagenda04.pdf>

<sup>15</sup> A Better Understanding of Caseworker Turnover within Child Protective Services, (2009), Center for Public Policy Priorities Policy Page, vol. 09-364, pp1 - 18.

During the 2011 regular session of the 82<sup>nd</sup> Texas Legislature, the Department was directed to study the salaries of the CPS workforce to determine what role salary played in the recruitment and retention of caseworkers<sup>16</sup>. The resulting Recruitment and Retention Survey was conducted during the first half of 2012 with 1,532 respondents representing an 83% response rate. The main factors CPS workers leave or intend to leave were; workload concerns, supervision issues, inadequate compensation, and poor working conditions. The study surveyed the CPS workforce, analyzed salary with comparable positions within Texas, and analyzed CPS salaries in other states. The study was published in December 2012. As depicted earlier, CPS turnover was above 40% in 2006 and 2007, but according to the salary study dropped to 30% by 2009<sup>17</sup>. CPS investigator turnover then increased to over 30% in 2010 and 2011, while FBSS and CVS turnover averaged 25% for the same time period.

The survey results also showed only 3% of the current workforce felt they were adequately paid in relationship to the stress and demand of the job. Of the respondents, 75% reported they were dissatisfied or very dissatisfied with their current salary.

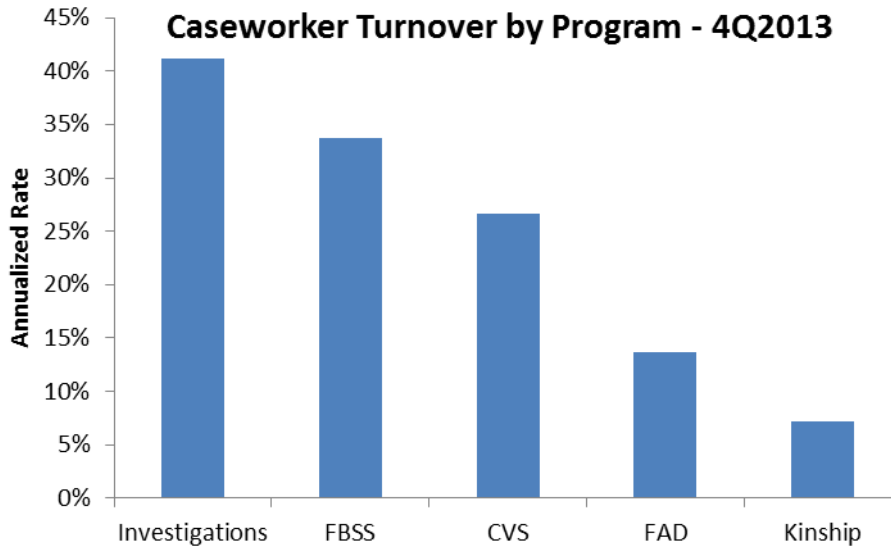
Continuing to focus on CPS direct delivery turnover, TSG discovered turnover in 2013 remained well over 30% when averaged. Investigations had the highest turnover rate at 41% for the fourth quarter of FY 2013 (see Figure 13).

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<sup>16</sup> Texas Department of Family and Protective Services, Child Protective Services Salary Study, Dec 2012.

<sup>17</sup> Texas Department of Family and Protective Services, Child Protective Services Salary Study, Dec 2012.

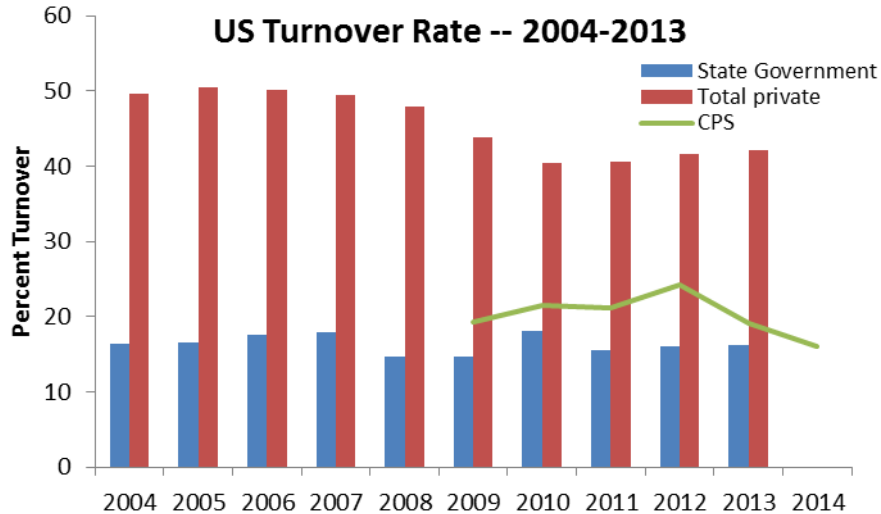
Figure 13 - Turnover by Caseworker Type



Moreover, CPS has reported turnover in the 2013 Data Book at 25.5%<sup>18</sup>, for all workers, both those providing services directly as well as support services. This is considerably higher than the average level of turnover reported by the Bureau of Labor Statistics for all government workers of 16% though much less than is typical in the private sector, as shown in Figure 14.

<sup>18</sup> [http://www.dfps.state.tx.us/documents/about/Data\\_Books\\_and\\_Annual\\_Reports/2013/5CPSAll.pdf](http://www.dfps.state.tx.us/documents/about/Data_Books_and_Annual_Reports/2013/5CPSAll.pdf)

Figure 14 - US National Turnover Trends 2004-2013<sup>19</sup>



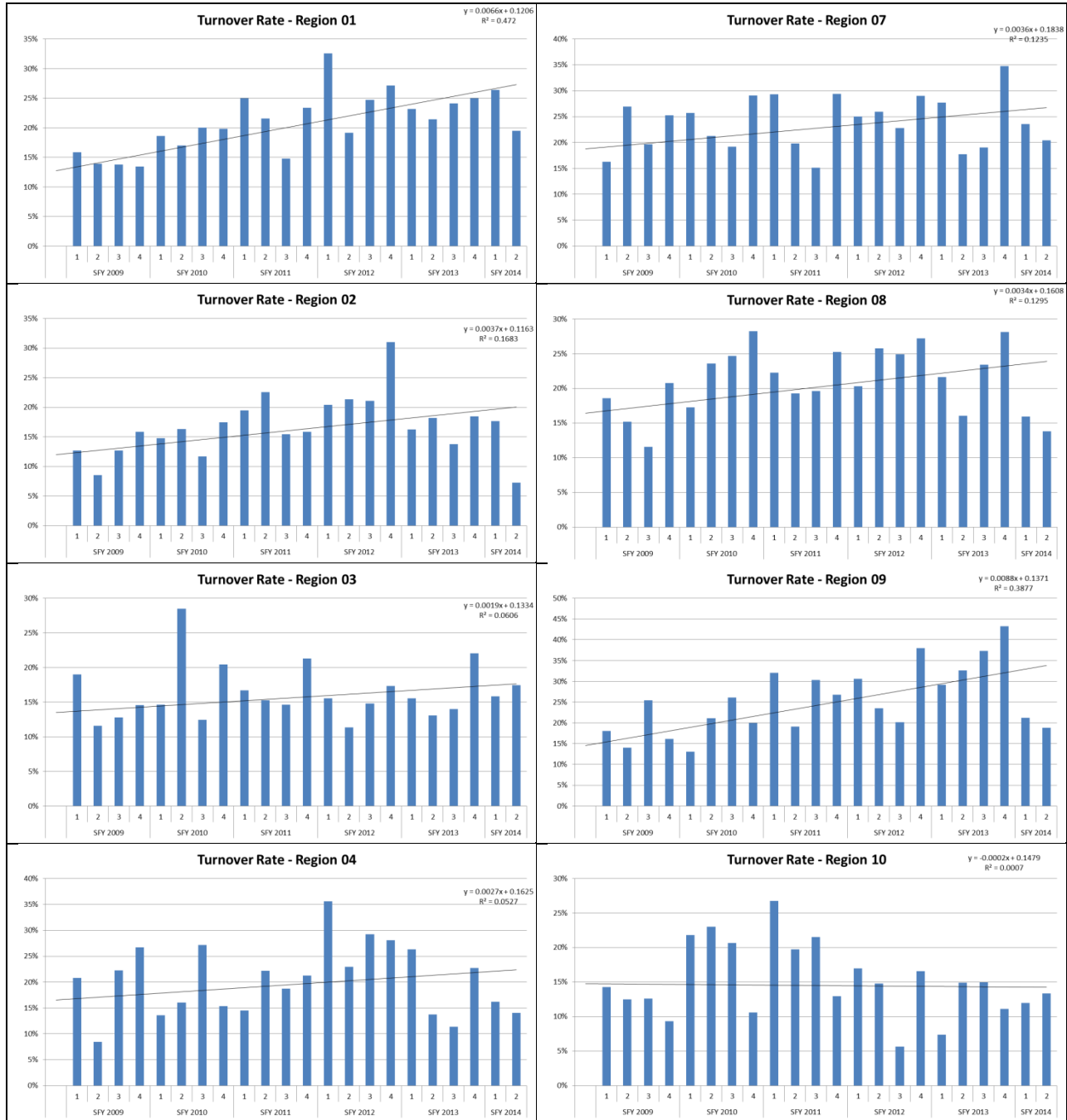
Thus, while CPS’ turnover rate seems high by government standards, TSG considered it deeper when you look at the turnover of direct care staff, particularly INV, FBSS, and CVS.

### Turnover by Region

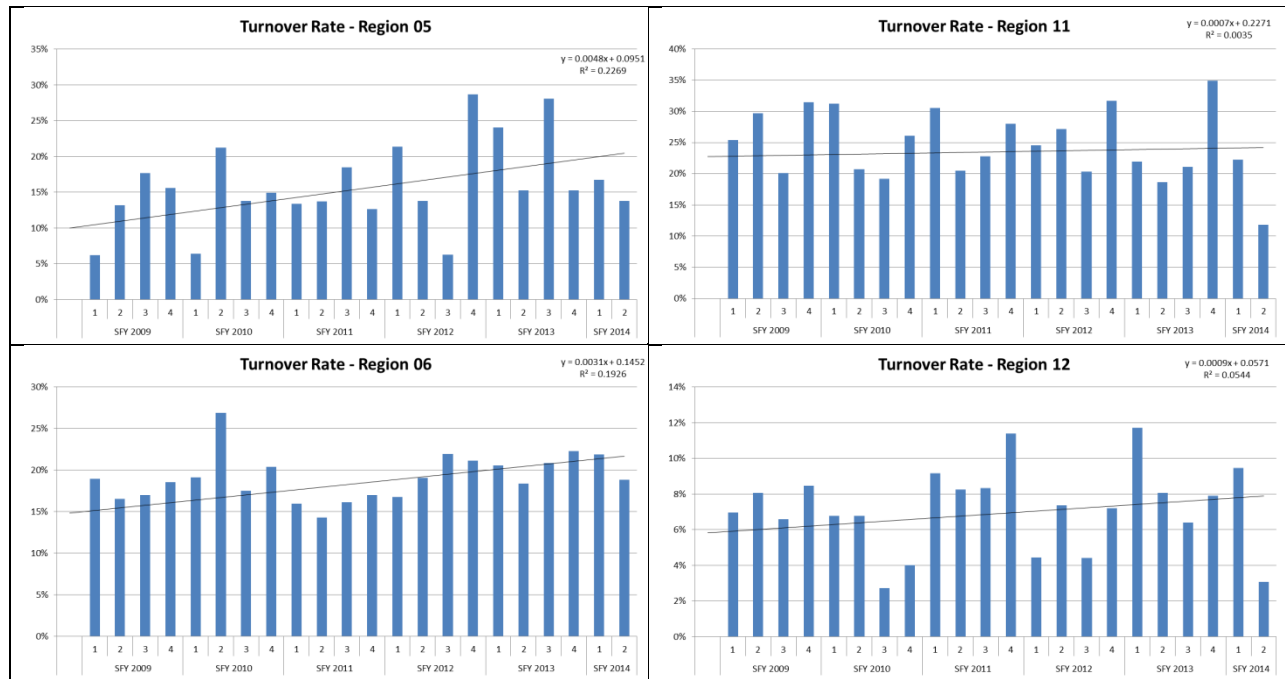
CPS is comprised of 11 different regions and a state-wide office. These regions have different experience with turnover. Figure 15 shows the trend in turnover in the regions for all CPS positions since 2009. Turnover in most all regions, except Region 1, can be described as flat over the 5-year period. Most of the regions experienced a low point in turnover 3Q2011; the highest point varied widely. All but regions 3 and 10 showed remarkable downturns in turnover since 2013.

<sup>19</sup> TSG Analysis of data from the US Bureau of Labor Statistics

Figure 15 - Regional Turnover 2009-2014<sup>20</sup>



<sup>20</sup> TSG analysis of data from the MRS data warehouse



### Turnover by Worker Type and Program for Fourth Quarter 2013

TSG was provided with data from CPS related to turnover by worker type and program for fourth quarter 2013. Analyzing the data reveals that turnover of 25% for all of CPS may very well hide the fact that there is a much higher turnover rate when you look just at certain direct care staff. Figures 16 through 18 and Table 9 show the differences between case and non-caseworkers across the different programs. Statewide, Investigations, CVS and FBSS caseworkers average turnover rates over twice that of non-caseworkers. Investigation caseworkers average 41.2% compared to investigation non-caseworkers' 9.8%. Termination and headcount data from 4Q2013 are annualized. Investigation caseworker turnover rates are remarkably high in all regions except Region 5, which also had remarkably low turnover across the board. Regions 9 & 11 have remarkably high caseworker turnover rates for each stage of service. Regions 7 & 8 are high for FBSS—over 50%.

The CPS Data Book reports turnover on a quarterly basis, annualizing the quarterly percentage. This is to net out the effect of changing staff levels over the year. This method can exaggerate the effect of small groups that have large turnover in a single period. For example, Region 11



lost 29 out of 109 Investigation caseworkers in 4Q2013, giving an annualized rate of 106%. Over the entire year, Region 11 lost 60 Investigations caseworkers, “only” 55% turnover! Similarly, over the entire year 2013, Region 11 lost 45 (58%) of its CVS, and 28 (35%) of its FBSS caseworkers. Likewise Regions 2 and 10 happened to have no FBSS turnover and Region 10 no CVS turnover in 4Q2013. TSG has followed suit with CPS pattern of reporting quarterly averages, in order to be consistent with the CPS Data Book. While the numbers would be somewhat different using annual data, the results are directionally equivalent.

Figure 16 - Investigation Caseworker Turnover by Region, 4Q2013<sup>21</sup>



<sup>21</sup> TSG analysis of data from the MRS data warehouse

Figure 17 - FBSS Caseworker Turnover by Region, 4Q2013

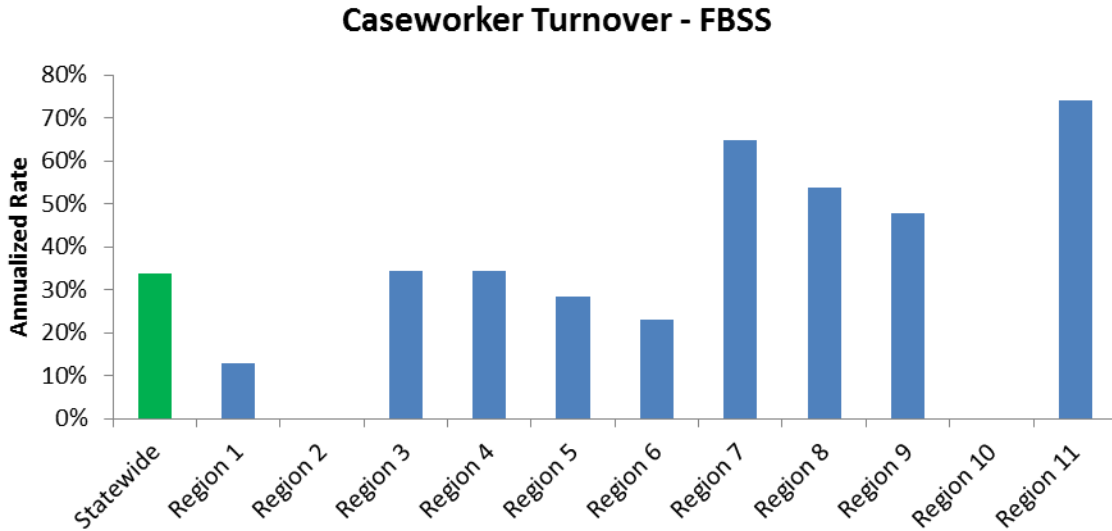
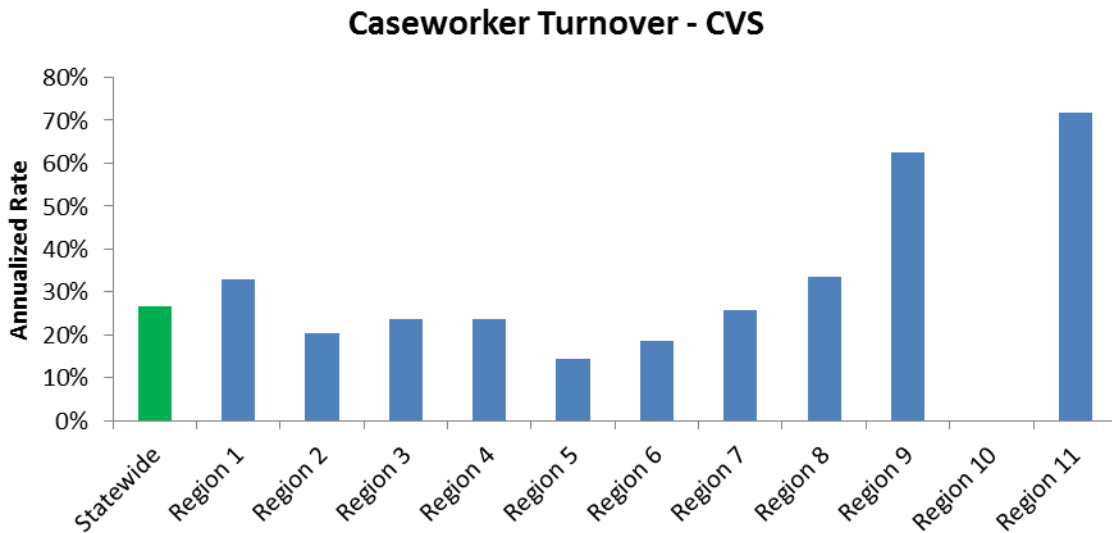


Figure 18 - CVS Caseworker Turnover by Region, 4Q2013<sup>22</sup>



During our Assessment, we did not find that CPS is looking at tables like this every month. CPS should be looking at these types of tables every month and developing a firm understanding

<sup>22</sup> TSG analysis of data from the MRS data warehouse

of the underlying causes as well as whether the quarterly numbers in 4Q2013 represents a long term situation.

Although we found high turnover among direct care caseworkers, we found the direct opposite among State office personnel, whose turnover rate is 6% annually over the same time period.

Table 9 - Turnover by worker type and program – 4Q2013<sup>23</sup>

		CVS			FAD			FBSS			INFRASTRUCTURE			INV			KIN			Grand Total
		Case worker	Non-Case worker	Total	Case worker	Non-Case worker	Total	Case worker	Non-Case worker	Total	Case worker	Non-Case worker	Total	Case worker	Non-Case worker	Total	Case worker	Non-Case worker	Total	
		2013 - All	Terminations	117	25	142	7	2	9	78	15	93	7	12	19	223	26	249	2	
	Headcount	1,755	792	2,540	204	68	270	924	426	1,347	237	640	876	2,166	1,057	3,212	111	23	133	8,279
	Turnover Rate	26.7%	12.6%	22.4%	13.7%	11.8%	13.3%	33.8%	14.1%	27.6%	11.8%	7.5%	8.7%	41.2%	9.8%	31.0%	7.2%	17.4%	9.0%	24.9%
Region 1	Terminations	9	1	10	0	0	0	2	0	2	1	2	3	8	3	11				26
	Headcount	109	48	156	18	6	23	62	27	88	12	43	54	98	41	137	6	0	6	449
	Turnover Rate	33.0%	8.3%	25.6%	0.0%	0.0%	0.0%	12.9%	0.0%	9.1%	33.3%	18.6%	22.2%	32.7%	29.3%	32.1%	0.0%		0.0%	23.2%
Region 2	Terminations	3		3					1	1		1	1	4	2	6				11
	Headcount	59	25	81	6	2	7	32	18	49	10	28	37	62	29	90	5	0	5	260
	Turnover Rate	20.3%	0.0%	14.8%	0.0%	0.0%	0.0%	22.2%	8.2%	0.0%	14.3%	10.8%	25.8%	27.6%	26.7%	0.0%		0.0%	0.0%	16.9%
Region 3	Terminations	20	2	22				16	2	18		3	3	50	3	53				96
	Headcount	338	146	483	38	17	54	186	84	269	44	147	190	560	191	749	22	8	29	1760
	Turnover Rate	23.7%	5.5%	18.2%	0.0%	0.0%	0.0%	34.4%	9.5%	26.8%	0.0%	8.2%	6.3%	35.7%	6.3%	28.3%	0.0%	0.0%	0.0%	21.8%
Region 4	Terminations	6	1	7				3	1	4	1	1	2	9	1	10				23
	Headcount	102	51	152	15	6	20	35	17	51	13	32	44	119	42	160	7	0	7	422
	Turnover Rate	23.5%	7.8%	18.4%	0.0%	0.0%	0.0%	34.3%	23.5%	31.4%	30.8%	12.5%	18.2%	30.3%	9.5%	25.0%	0.0%		0.0%	21.8%
Region 5	Terminations	2		2	1		1	1		1				4	1	5				9
	Headcount	55	25	79	16	4	19	14	8	21	10	27	36	84	32	115	3		3	262
	Turnover Rate	14.5%	0.0%	10.1%	25.0%	0.0%	21.1%	28.6%	0.0%	19.0%	0.0%	0.0%	0.0%	19.0%	12.5%	17.4%	0.0%		0.0%	13.7%
Region 6	Terminations	18	3	21	3	2	5	10	3	13	3		3	41	3	44	1	1	2	88
	Headcount	385	178	562	45	20	63	173	84	256	74	121	194	362	147	505	32	11	42	1,598
	Turnover Rate	18.7%	6.7%	14.9%	26.7%	40.0%	31.7%	23.1%	14.3%	20.3%	16.2%	0.0%	6.2%	45.3%	8.2%	34.9%	12.5%	36.4%	19.0%	22.0%
Region 7	Terminations	13	8	21				12		12	1	2	3	40	2	42				78
	Headcount	202	92	291	26	8	33	74	31	103	32	67	98	276	107	380	13	3	15	909
	Turnover Rate	25.7%	34.8%	28.9%	0.0%	0.0%	0.0%	64.9%	0.0%	46.6%	12.5%	11.9%	12.2%	58.0%	7.5%	44.2%	0.0%	0.0%	0.0%	34.3%
Region 8	Terminations	24	3	26	3		3	18	3	20	2	2	3	30	2	31	2		2	85
	Headcount	286	124	409	29	8	36	134	62	195	31	78	108	284	96	379	19	4	22	1,138
	Turnover Rate	33.6%	9.7%	25.4%	41.4%	0.0%	33.3%	53.7%	19.4%	41.0%	25.8%	10.3%	11.1%	42.3%	8.3%	32.7%	42.1%	0.0%	36.4%	29.9%
Region 9	Terminations	10	6	15				3		3		2	2	7						20
	Headcount	64	29	92	2		2	25	14	38	5	22	26	53	25	77	4		4	231
	Turnover Rate	62.5%	82.8%	65.2%	0.0%		0.0%	48.0%	0.0%	31.6%	0.0%	36.4%	30.8%	52.8%	0.0%	0.0%	0.0%		0.0%	34.6%
Region 10	Terminations							2		2				4	2	5				7
	Headcount	30	18	46	7		7	36	16	50	6	24	29	65	25	89	3		3	216
	Turnover Rate	0.0%	0.0%	0.0%	0.0%		0.0%	50.0%	16.0%	0.0%	0.0%	0.0%	0.0%	24.6%	32.0%	22.5%	0.0%		0.0%	13.0%
Region 11	Terminations	14	3	17	1		1	15	5	20		1	1	29	4	33				72
	Headcount	78	59	133	13	4	17	81	69	144	13	65	75	109	84	183	7	7	530	1082
	Turnover Rate	71.8%	20.3%	51.1%	30.8%	0.0%	23.5%	74.1%	29.0%	55.6%	0.0%	6.2%	5.3%	106.4%	19.0%	72.1%	0.0%	0.0%	0.0%	26.6%
Region 12	Terminations													4	4					4
	Headcount													253	253					253
	Turnover Rate													6.3%	6.3%					6.3%

<sup>23</sup> TSG analysis of data from the MRS data warehouse

## New Hires

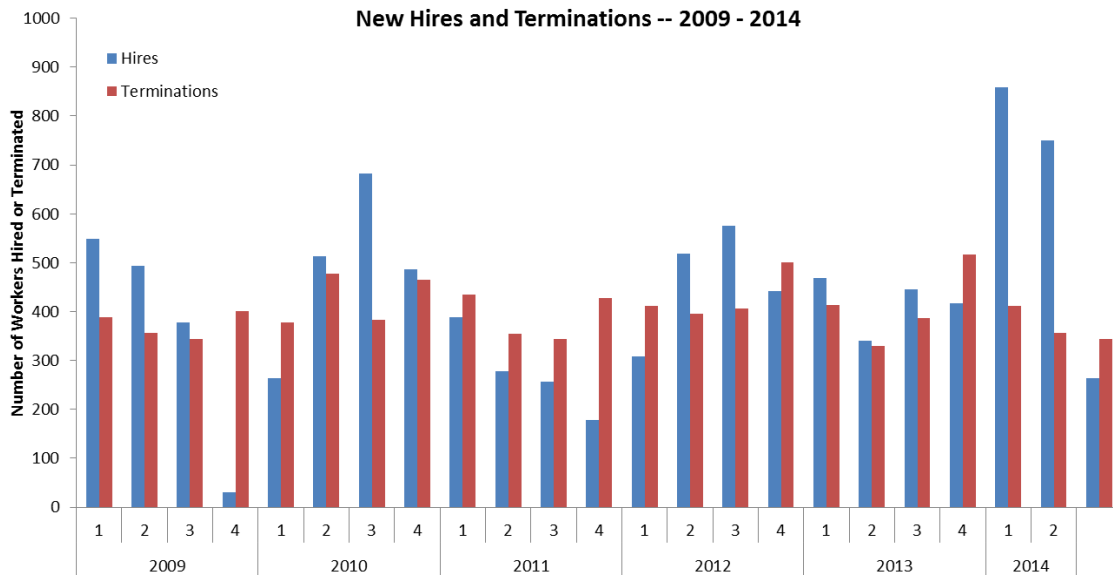
While terminations are costly to CPS, new hires might be more disruptive. Terminations mean that workload is shifted onto experienced caseworkers. New hires are non-productive for many weeks, and also draw off the productive efforts of experienced caseworkers.

Figure 19 shows why this observation is important for CPS. Figure 19 shows that while CPS has experienced some variance in terminations over the past 5 years, it has experienced fluctuations in new hires. Note that in 4Q2009 CPS hired 20 new workers, then less than a year later in 3Q2010 it hired over 700 new workers. New hires dropped again to 200 in 4Q2011 and back up to 600 three quarters later. These swings reflect inconsistent ability to on-board and develop a skill building environment for new employees. It also impacts CPS by making planning for training operations difficult—so training either staffs too high or too low.

In the first two quarters of SFY 2014 CPS assimilated roughly 1,000 new hires over a six month period. This is far beyond the organizations normal pattern of assimilating new staff. We found no indication that special arrangements accompanied this influx of new trainees. We expected and did not find extra support for this sudden growth, such as:

- Additional training resources
- Significant overtime to cover added workload for experienced workers
- Relaxation of special projects and non-critical demands on the field. In fact, it seems that special projects were expanded during the same period

Figure 19 - New Hires and Terminations <sup>24</sup>



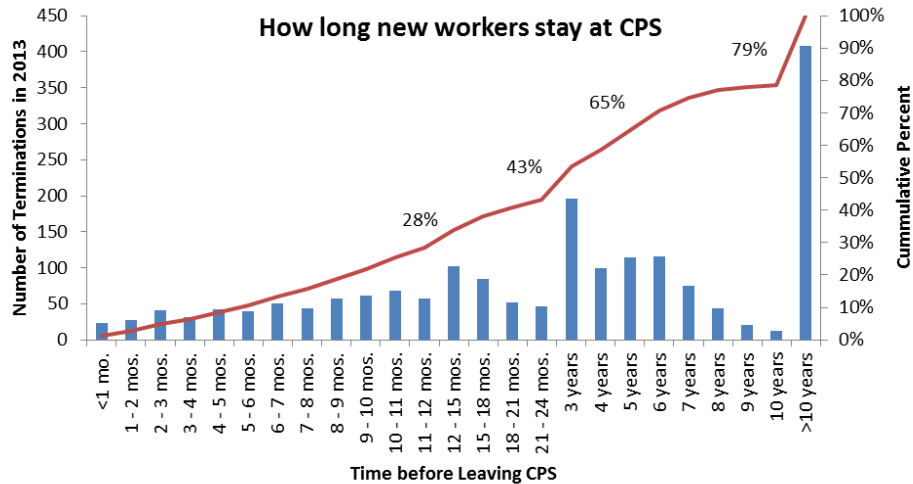
### Hiring Employees that Do Not Stay

During the Assessment, TSG was told that many new employees do not stay more than a few months. The data did not bear this out. Figure 20 presents the tenure of those that left CPS during 2013. It shows that over a quarter of all new hires leave within the first 12 months. Another quarter leave CPS before their second year is over. By their fifth year, 65% of new hires have left. Twenty percent remain after 10 years.

We heard from experienced caseworkers in the field that it takes at least 2 years to really learn the job. Given that CPS loses 43% new hires before they are fully productive, this suggests the need for better screening and hiring practices (Figure 20). Especially troubling is the 43% that leave by the second year. This suggests better training and professional development practices during the first two years to make sure that those who make it through the first few months are not burned out and leave before they are fully trained.

<sup>24</sup> TSG analysis of data from the MRS data warehouse

Figure 20 - How quickly CPS new-hires leave their job<sup>25</sup>



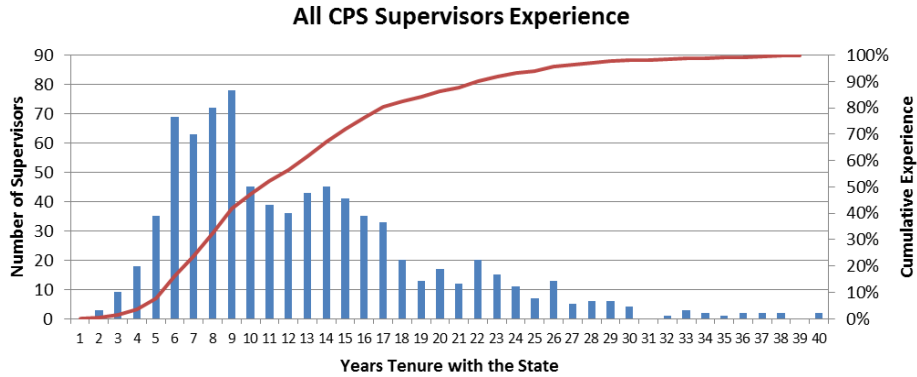
### Supervisor Experience Level

TSG was told by caseworkers in the field that supervisors are being promoted without experience, and that many supervisors have less than 2 years tenure. The data does not bear that out. Figure 21 shows that CPS supervisors are in fact long-tenured – with the median at 11 and the modal experience of 9 years. Contrary to common wisdom, there is a hint of a problem with too few young supervisors. Note in the charts below that there is a spike in experience about year 6. Thus, CPS has a very tenured supervisory force, at least 80% of which are many years from retirement.<sup>26</sup> Thus, CPS faces a situation in which there may be inadequate “room at the top” for case workers to progress into supervisory roles.

<sup>25</sup> TSG analysis of data from the MRS data warehouse

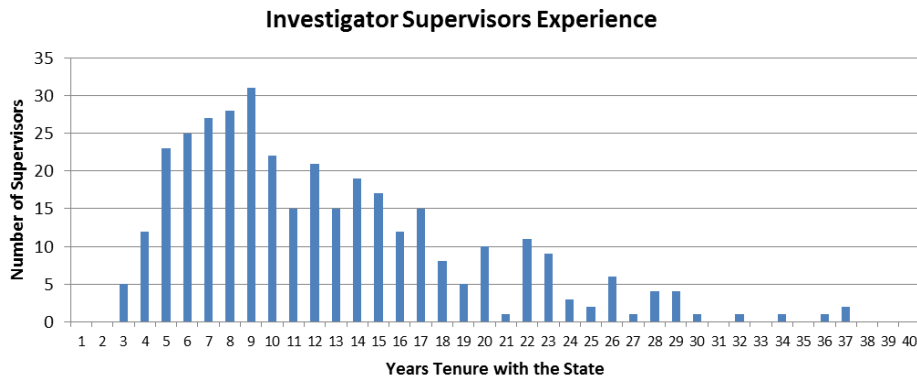
<sup>26</sup> Notice that 80% have fewer than 16 years of service

Figure 21 - Tenure of all CPS Supervisors 2014<sup>27</sup>



This pattern of very-tenured supervisors holds for the three major programs, as shown in Figures 22 through 24. Thus, one of the strongest aspects of CPS is the tenure of its supervisors.

Figure 22 - Tenure of all Investigation Supervisors 2014<sup>28</sup>



<sup>27</sup> TSG analysis of data from the MRS data warehouse

<sup>28</sup> TSG analysis of data from the MRS data warehouse



Figure 23 - Tenure of all CVS Supervisors 2014<sup>29</sup>

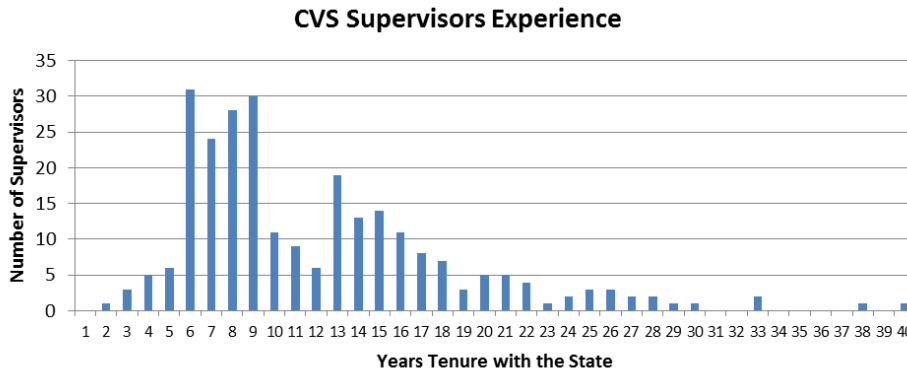
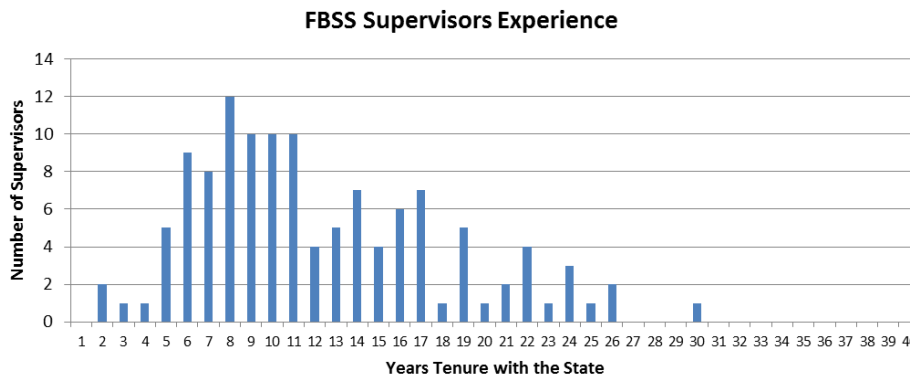


Figure 24 - Tenure of all FBSS Supervisors 2014<sup>30</sup>



### Turnover and Its Negative Impact on Agency Costs

Turnover has a significantly negative impact on agency costs and productivity. TSG estimated the cost of turnover by using one-third of an employee’s first-year salary multiplied by the number of positions filled. This is in line with the best empirical evidence<sup>31</sup>. This factor takes into account:

<sup>29</sup> TSG analysis of data from the MRS data warehouse

<sup>30</sup> TSG analysis of data from the MRS data warehouse

<sup>31</sup> Dorch E, McCarthy M, Denofrio D. (2008) Calculating Child Welfare Separation, Replacement, and Training Costs. *Social Work in Public Health, vol.23, pp. 39-54.*

- Six weeks of BSD, during with the trainee is not working cases
- Cost of training itself
- Six months of low case loads following training
- Time of experienced caseworkers to support the new-hire during the first months of case work
- Factored by the 25% of new-hires leave in the first 12 months and 50% in the first 24 months, before ever reaching full productivity<sup>32</sup>

Using the entry-level salary for new CPS workers of \$32,328/year as a baseline, TSG estimated each new hire costs CPS \$10,765. Accordingly, replacing 1,500<sup>33</sup> case workers annually costs CPS \$16 million per year. Since 2009, CPS has hired 7,000<sup>34</sup> new case workers at a total cost of \$75 million. Consequently, TSG finds that reducing caseworker turnover is an essential requirement for CPS and could provide value to the taxpayers of Texas as well.

Based on the 2012 CPS Salary Study and findings of the 2014 TSG independent CPS Operational Review, there have been no discernible impact statewide to previous strategies and many of the counter measures deployed were not effective. Any organization, public or private, that invests time and resources in recruiting, identifying, interviewing, selecting and training employees only to lose them within twelve to eighteen months after pre-service training has effectively hired in its own turnover.

The CPS direct care caseworker position is a demanding and difficult position. As such, turnover will likely remain higher than many other positions within the Department, although there is an opportunity to implement meaningful solutions using a combination of personal and organizational factors combined with an environment that values and supports it's workforce to reduce CPS turnover.

### **Compensation**

The CPS compensation structure categorizes CPS workers into primarily four categories using different Class Titles, but the same Class Number with a designated letter symbol to delineate and correspond to a specific Class Title (see Table10).

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<sup>32</sup> TSG analysis of IMPACT case data from the MRS data warehouse

<sup>33</sup> Actual 2013 new hires was 1,477

<sup>34</sup> TSG analysis of IMPACT case data from the MRS data warehouse

Table 10 - CPS Starting Salary Levels

Class Code	Class Title	Salary
5023	CPS Worker I	\$32,328
5024	CPS Worker II	\$35,561
5025	CPS Worker III	\$39,117
5026	CPS Worker IV	\$43,029
5027	CPS Worker V	\$38,746
	CPS Senior Investigator	\$38,746
5017	CPS Supervisor I	\$41,416
5018	CPS Supervisor II	\$47,331

The four categories are Investigations, Conservatorship, Family Based Safety Services, and other which capture Kinship Development and Foster and Adoption workers. The Class Code grouping 5023 – 5027 correlates to the salary structure depicted in Table 10 – 5023 representing Level I and ascending to 5027 representing Level V. CPS workers with the Class Title Investigator, including Investigator Supervisors, receive an additional \$5,000 annual stipend not available to the other CPS class titles. The compensation structure also provides for a 3.4% increase for a Bachelors in Social Work (BSW) and a 6.8% increase for a Masters in Social Work through level V, but not paid to all workers with a supervisor title<sup>35</sup>.

As part of the 2012 CPS Salary Study, DFPS reviewed other similar Texas State jobs and salary schedules of positions with the federal government. The analysis discovered that although the starting salary range may have been lower, the average salary was higher than that of the CPS workforce. Some of the comparable positions did not require a bachelor’s degree as a requirement.

The study also examined CPS related positions in neighboring states. The study found that most of the states had a similar starting salary, but after entry most of those states had greater increases, as shown in Table 11.

Table 11 - 2011 Average Salary Comparison – Texas CPS Study

Texas CPS	Border Patrol	Teacher	Parole Officer*	CPS – AR, NM, LA
\$37,051	\$41,260**	\$48,068	\$38,825	\$40,776

\*College degree not required    \*\*Entry level salary

<sup>35</sup> See CPS FY 14 Salary Guide on page 85

When expanding the salary analysis beyond the contiguous states and examining a sampling of national comparisons, the Texas CPS starting salary is lower and the career-path and financial progression does not keep pace with each of the other larger states (Table 12).

Table 12 - National CPS Salary Comparison<sup>36</sup>

State	Salary	Education	Career Path
California (Sacramento)	\$50,299 - \$65,751	Bachelors in SW, Social, Psychology, or Counseling	Increases through merit
Illinois	\$49,620 - \$69,936	Bachelors in SW or related Human Services	8 steps
Nevada	\$45,560 - \$67,693	Bachelors, SW required for Level III	Social Worker I - III
Florida	\$40,300 - \$43,500	Bachelors, SW or related field	Level I & Senior
Ohio (Madison)	\$40,000 - \$47,936	Bachelors in Human Services related studies	Child Welfare Worker I - III
NC (Mecklenberg)	\$39,858 - \$43,430	Bachelors in Human Services discipline	Social Worker I, II, and Senior
New Mexico	\$34,389 - \$54,920	Bachelors in SW or related field	CPS positions with senior equivalent
New Jersey	\$37,419 - \$61,547	Bachelors, SW is preferred but not required	Family Services Specialist Level I - III
Louisiana	\$33,500 - \$42,500	Bachelors in SW or related field	Child Welfare Specialist I - III
Texas	*\$32,328 - \$43,029	Bachelors with targeted preference	CPS Specialist I - IV

\*CPS workers with a BSW and/or MSW receive a 3.4% or 6.8% additive and the maximum salary could reach \$41,380. In addition, CPS Investigators receive an annual \$5,000 stipend in addition to the listed salary.

**Pay Parity**

An area of concern elevated by direct delivery workers (excluding investigators) from all parts of the state, was pay parity based on the stipend received by investigators. CPS direct delivery workers that were non-investigators, reported their positions were just as challenging at times. The financial incentive to be an investigator may also attract candidates from CVS or FBSS to shift their career track based on financial progression and not what best aligns with their skills or abilities. In addition, new CPS workers may apply to become a CPS investigator based on a

<sup>36</sup> Child Protective Services Salary Study, December 2012, Texas Department of Family and Protective Services, retrieved at [http://www.dfps.state.tx.us/documents/about/Presentations/2012-12-03\\_DFPS\\_Salary\\_Study\\_HB%20753.pdf](http://www.dfps.state.tx.us/documents/about/Presentations/2012-12-03_DFPS_Salary_Study_HB%20753.pdf)

higher starting salary, although they may desire to work in a different stage of service. The pay disparity could also be a factor in the high investigator turnover by attracting candidates with a desire to work in child protection, but a mismatched skillset to work in investigations.

Another area of pay parity that was reported often during Region interviews was the salary compression of CPS worker and CPS supervisor. In 2013 DFPS reclassified the CPS Level I & II Supervisor one pay group higher in an effort to eliminate the salary compression between the higher level workers and the Supervisor I position. Prior to the shift, the Level I supervisor was in the same pay group (B18) as the high end worker. Subsequently, the Level I CPS worker was reintroduced into the CPS Worker career track to create financial progression as a retention strategy. The new Level of CPS Worker and accompanying ten percent incremental pay increases shifted the Level IV CPS Worker annual salary beyond that of the Level I CPS Supervisor I by \$1,600. If the Level IV CPS Worker is receiving the MSW stipend and nominal overtime, the difference expands to over \$7,000.

**CPS FY 14 Salary Guide**

<b>Job Title</b>	<b>Group</b>	<b>Starting Salary</b>	<b>BSW (3.4%)</b>	<b>MSW (6.8%)</b>
CPS Worker I	B14	\$2,694.08	\$2,785.68	\$2,877.28
CPS Worker II	B15	\$2,963.48	\$3,064.24	\$3,165.00
CPS Worker III	B16	\$3,259.80	\$3,370.65	\$3,481.49
CPS Worker IV	B17	\$3,585.80	\$3,707.72	\$3,829.63
CPS Worker V	B18	\$3,228.84	\$3,338.62	\$3,448.40
CPS Senior Investigator	B18	\$3,228.84	N/A	N/A
CPS Supervisor I	B19	\$3,451.31	N/A	N/A
CPS Supervisor II	B21	\$3,944.25	N/A	N/A

The pay disparity is an issue of frustration with some CPS Supervisors and could potentially limit qualified workers from advancing into leadership. Current HR policy, however, allows a 7% increase in pay or the new FY 14 salary minimum, whichever is greater. The 7% increase would almost offset the loss of the MSW stipend, but still create a supervisor salary that is less than \$1,600 from the previous Level IV Worker and loss of overtime. The supervisor salary compression issue primarily impacts Level IV Workers with the BSW and MSW educational incentives.

## CPS CASE PROCESS: INVESTIGATION, FBSS AND CVS

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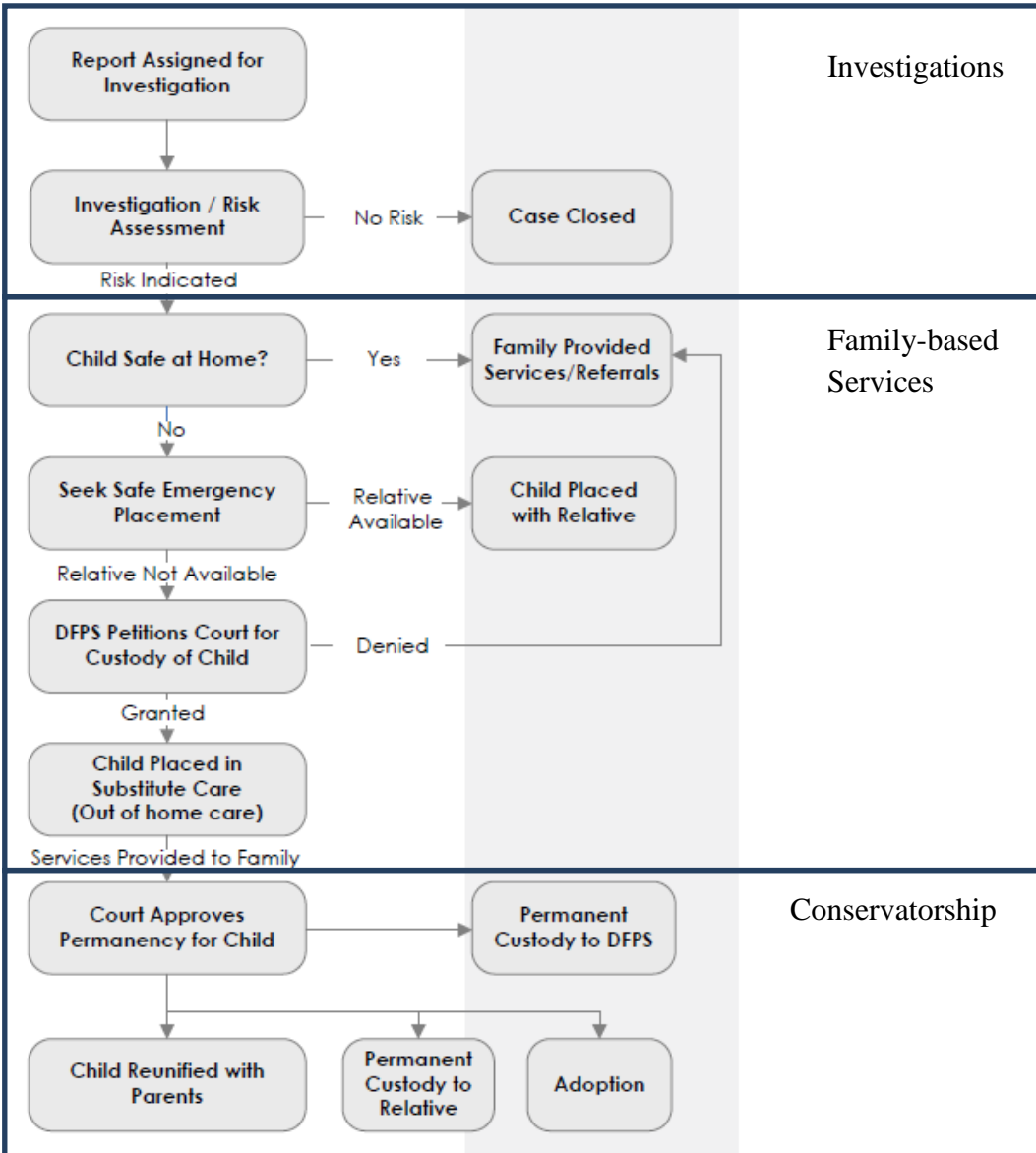
“We do not have the support we need and often times are left out to dry when something goes wrong, even though we have been instructed to do it a certain way.” – Survey Respondent

### High Level Process Description

The scope of this Assessment included CPS’ three major processes: investigation, family-based services, and conservatorship. These are described at high level in Figure 26, taken from the 2013 CPS Data Book.

The natures of the 3 types of case work are very different. Investigations are quick (ideally less than 60 days) built around assessment, and are somewhat adversarial. FBSS cases are longer, often 1-2 years. They require that the caseworker develop an on-going relationship with the family. FBSS replaces adversarial assessment with influence and direction. CVS is an even longer relationship, often more than 3 years. In this phase, the emphasis is on making sure that the children are in a permanent family situation in which they will experience safety, well-being and permanence.

Figure 25 - Overall CPS Process<sup>37</sup>

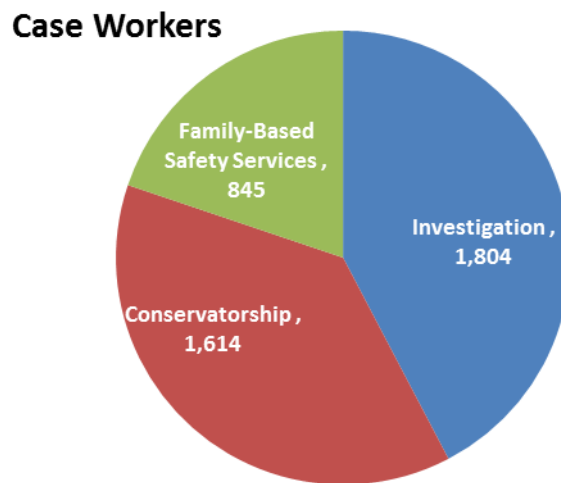


<sup>37</sup> Adapted by TSG from a process map included in the 2013 CPS Data Book

### Caseworker Staffing Levels

The scope of the TSG Assessment included Investigators (respond to initial reports of suspected abuse), FBSS (services to improve child safety while children remain in the home), and CVS (conservatorship, caseworkers that manage cases during the time children are the State’s responsibility.) Figure 26 shows the levels of each type of case worker.

Figure 26 - Number of CPS Caseworkers – 4Q2013<sup>38</sup>



### Details of Process

Appendix C describes the Investigation, FBSS and CVS processes used in the individual Regions. It provides description and assessment of the Region 3 processes as a baseline. Then it compares each of the other regions’ processes to the baseline.

<sup>38</sup> CPS Data Book, 2013



## Case Work Process Assessment Method

### *Purpose and Scope of Process Mapping*

Business processes are predefined paths that accomplish various tasks within an organization. TSG has found in the past that agencies ‘think’ they know their respective business processes; that is they know how the processes *should* work, but they are seldom documented.

The purpose of documenting process is to facilitate assessment. This project is not scoped to provide process documentation suited for new IT systems design. Rather, process documentation serves to identify opportunities for improvement to the management and support of “business process”. Thus, we considered process from the perspectives of recommending ways to:

- Reduce the time required of processes
- Improve process accuracy
- Improve service to children and families—with the objectives of child safety, permanence and well-being
- Improve the work environment as a method to reduce CPS turnover
- Improve the methods of monitoring and managing work and workers
- Improve the communication and system tools supporting the processes

TSG employed a specially adapted focus group-based approach to process mapping called “brown papers.” This ensures the process descriptions are:

- Based on actual “as is” process, not “as supposed to be”
- Complete with a deep level of detail
- In the words of those doing the actual work
- Based on a cross-functional view of the processes, including the vantages of investigations, FBSS and CVS. Also includes the perspective of several levels, including clerks and caseworkers
- Stratifies the focus group format with interviews, desk reviews and ride-alongs
- Allows the workers to conduct the comparison between offices

### *Processes Assessed*

We documented three processes at the regional level:

- Investigations (INV) – the process by which CPS considers the allegations made in a report taken by Intake. We did not document the intake process, as that was not within our scope of review
- Conservatorship (CVS) – the process by which CPS places children outside the family for temporary or permanent custody
- Family Based Social Services (FBSS) – the process by which CPS assists families with services that enable them to provide a safe environment for children in the system

Together with CPS leadership, we selected these processes because together they include:

- Major aspects of the work performed in a regional office
- The systems as well as methods of communication, assignment, scheduling, work location, travel and other key aspects of the work
- The preponderance of work performed by regional personnel
- The preponderance of touch points with children and families
- The primary approaches for delivering the mission of helping children achieve safety, permanence and well-being

## *Process Documentation Method*

Processes were documented using TSG's "Brown Paper" method. This employed a team of CPS front-line workers (see list above) to describe the process in their own words. Documentation required three days off-site with the following objectives:

- Train the CPS team in process
- Document the process customers, customer value, outcome (“product”), timing, and key elements
- Develop a rough draft of the process steps
- Document the process flow between steps
- Review the rough draft through several “walk-throughs”



- Develop the final process map and confirm through several walk-throughs (note: in total, the team walked through the process at least 5 times)
- Add icons representing key assessment factors
- Estimate the percentage of times each path on a decision is used
- Agree that the process is well described
- Present process to senior region management

The resulting process maps are wall-sized depictions made of hand-lettered process steps taped to brown Kraft paper. These are large enough for the whole focus group (and later management groups) to stand around and review. They enable readers to see the whole process at once. Hung on several large walls, they enable the team to see all 3 processes at once—assisting them to consider handoffs between processes.
















The use of different flowcharting characters was kept to a minimum. Adapted from the standard IBM Flowcharting Template, these included:

- Rectangle for process steps
- Diamond for decisions
- Cloud (instead of oval) for connectors out of the process

The project team limited the extent of icons because more complexity would only have distracted from the real value of documentation—assessment.

In addition to documenting the process, the brown papers included key indicators that facilitated assessment. Figure 27 shows all the icons used and their use in assessment:

Figure 27 - List of Brown Paper Icons

	Process step		Computer
	Decision		Filing
	Input/Output		Delay
	Bottleneck		Edit
	Mailing		Distant from family 1 & 2
	Email		Policy lookup
	Handoff		Direct family contact
	Driving		

### *Assessment Parameters*

Assessment was made initially by the focus group and later by TSG. The focus group documented the points at which assessment factors usually are present. These are listed in Figure 27 and described below:

- Bottleneck – happens when work piles up at a constrained resource on the critical path. For example, supervisors can be a bottleneck for case closure
- Mailing – when material is mailed (i.e. regular post), then typically introduces delays resulting from formal production of a document, time waiting to be delivered to the postal system and time in the mail
- Email (including text messages) – can be an effective method of reducing mailing time
- Handoff – can cause both delay and errors
- Computer – can be an effective tool for supporting process. Can also add time on the keyboard and time travelling back to the office to keyboard or print. Computers actually in the family residence are of suspicious value as they might reduce the intimacy and full band-width of communication
- Filing – are signals of a delay, when documents are stored during an investigation. They can add delays in finding documents. They add work to file and retrieve documents. They can also be a place where documents get lost (misfiled)
- Delay – processes take time...this is not delay. Delay happens when the caseworker is waiting for something. Delays can be caused internally—for example by a supervisor review or waiting for policy clarification. Or, they can be caused externally, such as waiting for a court hearing or doctor appointment
- Edit is a euphemism for error. We avoided the negative implications that can be associated with “error” by those not familiar with process improvement. When looking for the source of error, it is useful to find places where the process involves editing or changing prior work. If an address is edited, that reflects an error upstream
- Distance from the family – processes are often more mission-focused when they involve the family (children) directly. Process steps that are one or two levels removed from the family are less likely to be “customer driven”. Thus, the team considered which process steps were done directly involving the family (children)
- Policy lookup – policy guides many aspects of process. This icon indicates the points at which caseworkers most often find it necessary to refer to published policy. This could be because policy is complex, the situation is complex, training is inadequate, or many

other reasons. However, the assessment used this to start the assessment of the policy management process

- Travel – a step that involves travel to the family home, courts or other locations other than the caseworker’s office

### *Assessment Method*

Our business process mapping covered each of the eleven Regions using Region 3 and the Arlington focus group as the baseline. Thus, the Arlington process maps were built upon by other regions and finally completed by TSG. Assessment in Region 3 consisted of the following:

- Identify the unique places at which the brown paper indicated that an assessment factor might be present. Discuss the process at this point to determine how this might be relevant to the assessment. List such instances.
- Group like instances
- Conduct informal Pareto analysis on the groups of instances. The Pareto analysis is informal since the team judged that neither time nor project requirements provided for detailed data analysis for this purpose
- Select the top 3-4 groups
- Conduct informal root cause analysis
- Develop alternative approaches for deeper consideration

### *Additional Regions*

Additional Region process mapping sessions and focus groups consisted of:

- In 4 regions, TSG conducted two-day, cross-functional focus groups that compared their own process to that of Region 3, the “base region.” Each of these groups, once being grounded in process, identified key process issues and searched for root causes and potential solution options
- In the balance of the (smaller) regions, we conducted one-day focus groups covering the same topics more quickly
- In addition, TSG facilitated similar focus groups to describe and assess three key state-office processes:
  - State-office Budgeting
  - Policy management

- Quality management
- Each of the Regional processes was captured on wall-sized sheets of brown paper. This assured that the words are those of the workers themselves. It also assures that everyone sees and concurs with the whole process—which each person can see at a glance from end to end
- After initial capture, each process map was reduced to an electronic version – which is a faithful replication of the brown paper version
- In those offices for which the focus was process differences, the focus group added notations to the Region 3 map that identify points of difference. These are explained textually. Maps and lists of detail-level differences are included in Appendices
- TSG collected the individual office differences (in total nearly 1,000) and reviewed them for summary. In addition, TSG reviewed the process issues, root causes and solution options of all Regions to determine overlap and the most representative ideas. These are all presented in Appendix L

## Base-Line: Region 3 Arlington Processes

### *Investigation*

#### **Investigation Process**

The investigation process considers the merit of a report of potential abuse or neglect. An investigation starts within 24 to 72 hours and is generally completed within 60 days. The investigation process was documented in the Region 3 focus group. The electronic details of the process are in Appendix C. Figure 28 shows the brown paper. A Visio version is presented in Appendix M and available as a separate file.

Figure 28 - Region 3 Investigation Brown Paper



TSG explored with the Region 3 team the basic parameters guiding the investigation process. These are described in Table 13. Notable is that the caseworkers have a clear understanding that the “customer” is the family. They offered other stakeholders, but only after first unanimously portraying the customer as the child and family. This suggests a service orientation rather than one of compliance or law enforcement. The focus group members understood that their work was grounded in a Safety Assessment and Safety Plan as well as services to improve safety, well-being and permanency.

Table 13 - Investigation Basics

Overall Process Element	Investigations
Customer	Primary: Child and Family Reporter Federal Agency Legislature Taxpayers
Input	Report
Output	Safety Assessment Safety Plan Services contracted Removal (only if necessary)
Customer value	The focus group suggested that the customer value is a safer child. That might be overly ambitious, since CPS only influences families. However, the value of the process is definitely not reports or case closures or even services referrals
Timing	Begins within 24 hours (P1) or 72 hours (P2) of report
Key actors	Caseworker – Investigator Supervisor Family, Child Court

An investigation is assigned to a caseworker by Intake (outside the scope of this project). The Investigation Supervisor must approve the assignment before the caseworker is dispatched<sup>39</sup>. Before starting the field investigation, the caseworker collects information about the family’s history with CPS, legal records and other factors. In some cases the caseworker suspects that approaching the family may be dangerous, and calls for help from local law enforcement. The caseworker then travels to the family residence and collects evidence supporting the report of abuse or neglect. Data gathered includes physical observation, talking with the child and family, talking with others and taking pictures. The process includes a number of points at which the caseworker reaches out to the investigation supervisor (called a “staffing”).

The caseworker must decide if child safety can be achieved in the residence with the family. In some cases the investigator refers the family to services that reduce the risk to child safety—such as day care, food, counseling, etc. During the time of an investigation, the caseworker may make

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<sup>39</sup> In some cases the SWI assigns to a router, not direct to a caseworker unless there is a P1 call out



several visits to the residence observing the situation for change. The caseworker also supports the family's efforts to build better child safety.

In a small number of cases, the investigator determines that child safety demands removal of the child, either immediately or by court order at a later time. If a child is to be removed, the investigator physically transports the children in her personal auto. The investigator then finds suitable temporary living situation for the children.

At the end of an investigation, the caseworker either closes the case (not a safety risk), or hands off the case to either CVS (permanent removal), or FBSS (on-going monitoring and support of the family).

In 2013, caseworkers commonly averaged case loads of 20.5. Investigations require many trips to the family residence, courts and other locations where information is gathered—such as a school. Investigations can involve formal meetings with the family.

An investigation can be closed (relatively) quickly with a determination that the child is not at risk, or can drag on for weeks in a confrontational set of interactions with the family. Cases that lead to removal can be very time consuming. All these factors can lead to wide ranges in the work load, though for purposes of assignment workload is usually not the criteria used.

Investigations are a mix of process and judgment. The process part is described in the process map, above. The process, however, is not what really delivers the customer value. Any consequential improvement in child safety is not a result of the process—but of the judgment CPS makes and implements.

The caseworkers' judgments, rather than process steps, are what meet the customer value (safety) objectives. For example, rules define how pictures are to be taken, when events are to happen, when the court must be involved, and so forth. Process describes the steps, but not how the judgment is made. While important, process steps do not increase child safety. Rather, this is achieved through implementing CPS' judgment.

One judgment is where the children should live. Another is whether and what social services might improve safety. Thus, the policy and other rules seem incidental to real value added by this process. Accordingly, the nature of this process is such that the ability to add the key value from an investigation is not something a caseworker can acquire through "training". It is not a routine that a caseworker can learn in class then execute reliability.

For all its complexity, the process map does not say how decisions are made. How does the caseworker decide that a child is best removed from the home? There are informal guiding principles laid out in the CPS Handbook. However, these do not factor prominently in the process.

### Safety Assessment/Risk Assessment Facilitated Group Discussion

As part of the Region 3 assessment, TSG conducted a separate discussion with front-line workers about how they make the decision of whether to remove a child (or not). We were told that investigators base their decision on the following factors:

- Immediate Safety
- Imminent Danger
- Significant Neglect
- Lack of basic Needs
- Substance Abuse in the home/family/caregivers
  - Substance abuse access to kids /kids test positive
  - Judgment capacity of adults/caregivers
  - Parent/caregiver history of substance abuse/use
  - History/current use of meth, crack, and heroin
- History with CPS: RTB/"reason to believe": 51% evidence
- Misuse of prescription drugs
- History of mental health

In a related discussion, we asked what caseworkers believe are the key factors in a child death from neglect or abuse. We were told:

- History of/current domestic violence
- Family dynamics of who controls the home
- Mental Health: schizophrenia, bi-polar disorder
- Manufacture of meth
- Family relationships dynamics: biological parents/paramours
- Adult abnormal projections on a child
- Child disability
- Parent(s) lacking support
- Factors of culture related to family dynamics

- Religious factors

Specifically, we ask how it is that caseworkers assemble all the factors into a decision. We were told:

- Common sense
- Repetitive—i.e. experience making the decision over and again

#### The Current Process/Tool Used for Assessing Safety and Risk

We asked Investigators to describe the current process or tool that they use in assessing Safety and Risk factors throughout the investigation, from the critical initial 24 hours until case closure. The current process utilizes a Safety Assessment tool that must be completed within 7 days of the initial child/home visit contact for Priority One cases and a Risk Assessment tool required to be completed at the end of the investigation, usually 45 days thereafter. The current Safety Assessment tool was implemented in 2006 and includes several items from the Risk Assessment tool, which was developed in the 1990s, updated several times, and re-validated in 2010 CPS research study.

We were told that current CPS policy and practice does not provide nor require a safety risk assessment scored tool that measures the degree and known types of immediate dangers to a child/children during the critical decision making process of the initial face-to-face child/home visit within the required 24 hour period for priority one cases. As a result, Investigators in Region 3 indicated the current practice CPS Safety Assessment, which must be completed in 7 days after the initial child contact, was of little to no use during the initial 24 hour visit.

Given the importance of CPS judgment as the basis of child safety we continued to explore the context of Safety Assessment throughout our regional meetings across the state. We found that the opinions of Region 3 regarding the lack of usefulness of the existing Safety Assessment tool during the initial 24 hour contact and inherent assessment of immediate danger coupled with the 7 day requirement for completion were shared across the state. Caseworkers indicated that initial visit safety decisions were made on experience, “gut level feelings”, and knowledge of what safety factors to look for as “being in my head”. We did find that content in the existing Safety Assessment did assist caseworkers of what to think about but the fact the tool is completed 7 days later relegated the process as a “reflection” of the decision making that takes place during the initial 24 hour contact.

We probed during the discussion into caseworkers’ thought on the usefulness of making a Critical Risk Assessment based on an algorithm that used identified/clustered high risk factors resulting in a score threshold that requires child removal with an override method based on supervision/chain of command. The Region 3 focus team suggested that an algorithm approach would:

- Be useful to document critical thinking
- However, usefulness would depend on the algorithm
- Help with difficult cases
- May add more paperwork
- Should not fully replace human judgment
- Would provide a score on immediate safety risks we could work with and support decisions

Data Book on Decision Making

We compared the Region 3 observations to the DFPS 2013 Data Book, which lists the concepts guiding risk determination (Table 14). The process map does not describe how each of these is observed, measured, or used in a rigorous, replicable process to arrive at a life-and-death decision.

Table 14 - Concepts Guiding Risk Determination<sup>40</sup>

Child Vulnerability	Home & Social Environment	Caregiver Capability	Quality of Care
Child fragility	Stressors	Knowledge	Quality of connection
Child behavior	Dangerous exposure	Skills	Emotional care
Social Climate	Capacity	Physical care	
Social Violence			
Maltreatment Pattern	Response to CPS	Protective Capacities	
Chronicity	Attitude	Protective Capacities	
Current Severity	Deception		
Trends			

Thus, while the process map describes what the caseworker does, it does not describe how the judgment is made. It does not describe how the value is added for the customer. Also, while

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<sup>40</sup> From 2013 CPS Data Book

CPS has thought through the aspects of the decision, those are not the factors front-line workers employ to actually make decision.

The Data Book also lists the key federal outcomes used to assess child welfare services (shown in Table 15). The process map does not describe the steps by which the federal outcomes are met. This does not mean they are not met—only that the method by which federal outcomes are met is somewhat incidental to process. For example, the process describes observation, pictures, questions, meetings and reports. However, it does not describe how the investigator makes the judgment that “children are... protected from abuse and neglect”. This is judgment supported by process. Thus, the process dictates many steps, but the actual value added is outside the actual process steps.

Table 15 - Federal Outcomes Used to Assess Child Welfare Services<sup>41</sup>

Safety Outcomes

- Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.
- Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Permanency Outcomes

- Permanency Outcome 1: Children have permanency and stability in their living situations.
- Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Well-Being Outcomes

- Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.
- Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.
- Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Supervision over Decision Making

Judgment is supported in the process through supervision and policy. Supervision is largely in the form of several one-on-one phone conversations between the investigator and supervisor. In these, we understand that the supervisor assists the investigator to make the requisite judgment. This seems to happen at a number of times during the Investigative process and can also happen more than once while the Investigator is at the family's home interviewing the child and family. We found that there were well-defined points in the process as to when these supervisor discussions occur, but they may be used too frequently in supplanting the Investigators own critical decision making.

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<sup>41</sup> From 2013 CPS Data Book

Investigators communicate with supervisors through phone, text messages and email. The different communication modes help to ensure that it can be executed in a timely manner.

#### Policy as a Tool Supporting Decision Making

Policy, on the other hand seems a more cumbersome tool for guiding judgment. Note that the Investigation process map lists no points at which the investigator typically refers to policy. This does align with expectations of policy as documented in the CPS Handbook or PSAs.

#### ***FBSS Process***

According to the CPS handbook, a FBSS caseworker is “part of a close knit unit that performs advanced social work related to protecting children while maintaining the children within the family”<sup>42</sup>. Overall, the FBSS caseworker is responsible for:

- Evaluating and recommending appropriate actions necessary to resolve family emotional and/or physical stress situations, which cause child abuse or neglect;
- Engaging families to identify their own strengths and needs to achieve safety for their children while preserving the family; and
- Building community relationships with law enforcement agents, therapists, court personnel, and representatives from various agencies and organizations.

The job duties of an FBSS caseworker include<sup>43</sup>:

- Visit clients' homes to assess risk to children for abuse/neglect, plan for child safety, and strengthen families so they can function without CPS intervention.
- Respond quickly in a crisis situations.
- Discuss issues with families related to income, money management, and personal relationships that they will probably consider personal and private.
- Discuss matters of human sexuality and sexual exploitation of children in a direct and objective manner.
- Interact objectively with “caretakers” who have abused and/or neglected children in their care.
- Encounter clients who are angry and/or scared.
- Work as part of a team, which involves helping with crisis situations relating to other caseworkers’ assignments as well as following the directions of the courts and agency.

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<sup>42</sup> <https://www.dfps.state.tx.us/Jobs/fbss.asp>

<sup>43</sup> <http://www.dfps.state.tx.us/Jobs/fbss.asp>

- Help identify resources and community supports available to the family.
- Educate clients to change previous behavior that led to child abuse and/or neglect and empower clients to identify ways to make those changes.
- Remove a child from a dangerous situation.
- Spend about 40% of his/her time documenting casework activity.
- Work under constant time pressure created by the nature and volume of the cases, prioritize efforts, and work flexible work hours.
- Maintain a balance of objectivity and empathic understanding in dealing with families living in stressful and crisis situations.
- Learn about cultures and lifestyles different from their own and understands how to determine child safety and well-being within that context.

The Region 3 FBSS brown paper is shown in Figure 29, below. The detailed electronic version is in Appendix M.

Figure 29 - Region 3 FBSS Process



**FBSS Process Walk Through**

FBSS gets involved with a case following a referral from Investigation. New FBSS cases do not begin with a report, as do investigations. An FBSS referral form is submitted to the FBSS inbox. This triggers the assignment of an FBSS assessment caseworker. The first step is for the FBSS assessment caseworker to contact the family (and child) to set up a time to meet with them.

During that meeting the caseworker verifies that the family is willing to work with FBSS and comply with the services FBSS recommends. The initial meeting occurs and an FBSS assessment is typed in a Microsoft Word document.

An FBSS Administrative Assistant then schedules a “staffing.” Staffing is a term used in CPS to mean a meeting. This staffing includes the Investigation caseworker, Investigation Supervisor, Investigation Program Director (PD, supervisor’s supervisor) as well as the FBSS caseworker and FBSS Supervisor. The group discusses the recommendation for services and FBSS makes a decision about whether they will accept the case. If FBSS does not accept the case, then FBSS returns the case with a recommendation for obtaining a court order for services.

If FBSS does accept the case, then it classifies the case as to level of service: regular (50% of the time), moderate (50%), rarely (i.e., 0%) an intensive case. FBSS transfers the case to an FBSS caseworker by 5PM the following day. The investigator completes the Investigation file and physically transfers the case to the FBSS caseworker. This includes paper copies of important documents in a physical file. In addition, the Investigation caseworker completes the investigation case in IMPACT and closes it.

Within seven days of transfer, the FBSS caseworker must visit the child. The caseworker contacts the family to schedule a visit. During this meeting, the caseworker discusses with the parent (caregivers) the services to be provided. After the meeting is completed, the caseworker types the services plan in MSWord. The FBSS supervisor reviews and makes suggestions for change or approves. The caseworker then provides the family with a copy of the service plan. This is some time after the family meeting. The caseworker completes and provides Forms 2054 to services providers to provide services authorization.

At this point, the FBSS caseworker contacts “collaterals”. This is a CPS term for other people that know the child(ren) and their situation. The caseworker requests a Family Group Conference (FGC) by sending a paper form to CPS’ Family Group Decision Making (FGDM)<sup>44</sup> for approval. At this time, the caseworker also requests daycare reimbursement using a Daycare Request Form.

At this point and periodically throughout the case duration, the FBSS caseworker decides if the child is safe in its current environment. This process is informal—that is, it is not supported by specific fact-finding or decision rule. IMPACT neither describes a process, nor captures how the

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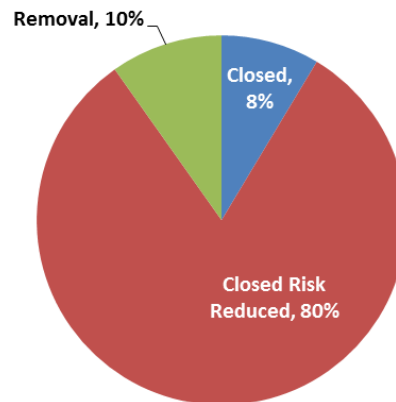
<sup>44</sup> [http://www.dfps.state.tx.us/handbooks/cps/files/CPS\\_pg\\_1120.asp](http://www.dfps.state.tx.us/handbooks/cps/files/CPS_pg_1120.asp)



decision was made, except in informal comments. If the caseworker determines to pursue removal, the process is the same as for an investigation. About half the time, the decision is yes, in which case services continue. The caseworker continues to visit the family periodically.

To supplement the focus group process, TGS reviewed case data to find that since 2009, FBSS has removed one or more children in 10% of cases, as shown in Figure 30.

Figure 30 - FBSS Case by Reason for Closure<sup>45</sup>



The caseworker makes a judgment about whether the child(ren) may not be safe. The caseworker then “staffs” with the supervisor and makes a decision about whether to submit a base petition to the court, to perform an emergency removal or to start down the track of Parental Child Safety Placement (PCSP)<sup>46</sup>. If the decision is to pursue PCSP, the caseworker obtains relative placement information from the family, public records or other sources. A PCSP is:

- Selected by a parent for their child when child safety issues are a concern in the course of a CPS case
- Used as a temporary and short term out of home placement
- Used to provide an opportunity or time to find out if a child is at risk
- Used while safety measures needed are put in place to avoid a foster care placement

The caseworker completes a Child Resource Caregiver form and conducts criminal background and internal CPS case history checks on potential placement families. If the intended family

<sup>45</sup> TSG Analysis of IMPACT data from the MRS data warehouse

<sup>46</sup> [http://www.dfps.state.tx.us/handbooks/cps/files/CPS\\_pg\\_2430.asp](http://www.dfps.state.tx.us/handbooks/cps/files/CPS_pg_2430.asp)

does not pass caseworker approval (as happens 25% of the time), the caseworker staffs once again with the supervisor and begins the search for an alternative relative placement. If the family does pass, then the caseworker works with the parents to complete the PCSP forms. The caseworker transports the child(ren) to the placement home and observes the home.

If the children are not safe, and the caseworker elects for emergency removal, the process is the same as for Investigations. If the caseworker elects for court intervention, a base petition is pursued. The term “base petition” appears to be somewhat unique to Region 3 and its court system. The caseworker prepares an Affidavit using MSWord and submits it to the court. The caseworker requests a home assessment. This is conducted by an external vendor.

If the home study is not approved, the caseworker restaffs with the supervisor. If it is approved the caseworker sends it to the attorneys involved in the hearing. The caseworker attends the hearing and acts on the direction of the court: remove or continue family-based services. If the court orders removal, FBSS uses the same process as Investigations.

#### **TSG Observations about the FBSS Process**

- FBSS sometimes treats the case as if it was coming in from a separate agency, not from another part of CPS—and has the right to reject a family. This represents an opportunity for closer coordination throughout the investigation. This heard of instances of weak communication between both FBSS and Investigations and the result can be a disregard for continuous services to the family and children
- File management is delayed until the case is closed. This impacts time management and means that parts of the file are not in the official record during part of the investigation
- The service plan is developed without a formal, rigorous link between the underlying need and services included. This is not to say that there is no thought, or that the services are not valuable, only that the caseworkers have little by way of formal guidance for the type of services that will optimally assist the family and children
- The service plan is developed before the family meeting, and then reviewed in the family meeting. Yet, the caseworker does not leave the document at that time, but at a later time. This seems to involve an extra communication (e.g., trip). It also means that there may be a gap in the discussion about services to be used, and the official checklist being provided for the family.

- Paper requests still provide the method of communication between CPS agencies: Investigations to FBSS and FBSS to FGDM. Paper is time consuming, subject to loss and misplacement and provides limited real communication
- The FBSS decision to remove a child or start with a court base petition is not done through a formal decision making process, rather an informal “staffing.” This is a major decision affecting child and family for many years to come. Yet, we found no evidence that CPS has formal decision support methods used by FBSS caseworkers. Furthermore, removal is the decision that is the primary objective of the investigation, yet we found no evidence that FBSS taps into this resource in making the decision to pursue removal
- TSG was told that FBSS looks for family placement opportunities, and that the caseworker does not have direct access to powerful data resource tools that can check complete criminal histories. Administrators do, but the caseworker does not. Actually, the practice of FBSS workers searching for families seems at though it would not be strictly in line with the CPS Handbook at §3732. According to the Handbook, FBSS closes that case and hands it off to CVS who then conducts the search for families for permanent conservatorship. In this case, actual process seems to reflect the practical advantage of placing the children at the time of removal in a potential setting that could be longer term (i.e., one to be managed by CVS.)\_
- According to the process description, the FBSS caseworker first observes the PCSP placement home after the children are transferred to the home. This seems too late.

### *CVS Process*

CVS is much different from Investigations of FBSS. Investigations draw on a detachment somewhat like law enforcement. FBSS requires attention to building a stronger family. In contrast, once a child is under the management of CVS, the State has legal responsibility for the child. Thus, the responsibility is to find the best possible new home for the child.

CVS cases are all transferred from Investigations or FBSS. Before a case enters CVS, CPS has typically been involved for many months – or even years. CPS has a deep history with the child. Nevertheless, CVS acts independently from Investigations and FBSS. CVS accepts cases through a case notification set up through the IMPACT system. The CVS caseworker has not been formally integrated into the case until that point. More than with Investigations and FBSS, CVS casework is guided by the court. Timing of the case is metered by the pace of court hearings. The steps in the process are formal and legal in nature. The caseworker places less emphasis on making internal CPS safety or services plans. Instead, plans are prepared for the

court. Visitation plans are laid out by the court. TSG was told that CPS caseworkers are sometimes required to wait, and often to return for added hearings. In addition, TSG was alerted to a disrespectful attitude of the court toward CPS professionals.

The value added by the CVS case worker is locating adoptive parents for the child. The CVS caseworker can locate family or relatives that are willing to take the child, or work with an agency to find an unrelated family. If there is a family member that is willing to take the child, in many respects the CVS caseworker “starts from scratch.” While the Investigator or FBSS case worker may have learned about the extended family, the CVS caseworker uses only the written record to tap into the IMPACT and paper record of CPS’s history with the family. While the previous caseworkers are in the same building, the CVS process does not anticipate teamwork.

While the CVS caseworker helps to locate an adoptive family, it is not (TSG is told) allowed to coach to adoptive parents in key elements of this confusing process many parents experience only one time. For example, although CVS caseworkers know the lawyers that offer high-value services, they are not allowed to recommend legal services.

### **CVS Caseworker**

When a child must be removed from their home, the court appoints CPS to be a "Conservator" of the child. That means CPS is legally responsible for the child's welfare and that is when a Conservatorship (CVS) caseworker comes in. A CVS caseworker monitors children's care while they are in CPS conservatorship<sup>47</sup>. According to CPS, the overall description of the CVS job includes:

- Taking cases from caseworkers after children are removed from their homes, placed in CPS conservatorship, and placed in care outside their homes.
- Determining each child’s needs and getting whatever testing, evaluations, records, or further assessments they need.
- Doing home studies of a child's family members or family friends (kinship providers) that might care for the child.
- Meeting with the family at least monthly while the case is in temporary legal status to assess risk and safety issues and the family’s progress on the Family Service Plan.
- Searching for potential kinship providers if needed.

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<sup>47</sup> <http://www.dfps.state.tx.us/Jobs/cvs.asp>

- Placing children with parents, family friends, or in foster homes.
- Asking a Placement Team for foster care placements.
- Develop a child's Service Plan and review it regularly. Coordinate the plan with all people involved, including the child.
- Holding meetings at a time and place convenient for the family members. Participate in meetings and conferences.
- Visiting the child at least monthly to monitor the child's needs, wishes, adjustment, and progress while in care and to help the child prepare for a permanent living arrangement.
- Going to court hearings about the child and family. This includes contacting the parties in the case before hearings, preparing court reports, and testifying in court on the child's needs, the family's progress, and the department's efforts to assist the family. If CPS has permanent managing conservatorship of the child, the hearings focus on the child's progress, setting a goal for a permanent living arrangement, and progress toward achieving that goal. This could include adoption or other alternatives to a long-term stay in State care.
- Keeping the child's court-appointed attorney and guardian ad litem(s) informed about the child's circumstances and significant events.
- Working with the department's attorney to prepare for contested-court hearings.
- Making referrals for testing, evaluations, and therapy as needed and working with the clinicians and therapists as needed to ensure children and families get the care they need.
- Working with kinship caregivers and foster parents to ensure that they have what they need to care for the child or youth placed with them. This means keeping them informed about developments in the case, returning phone calls, and being available 24 hours a day, 7 days a week.
- Working with children and their caregivers when problems develop and, if necessary, working with kinship providers or the Placement Team to find a new place to live for the child.
- Monitoring and helping families when children go home during the period before legal responsibility is returned to the parents.
- Supervising adoptive placements until the adoption is final or until the case is transferred to an adoption caseworker.
- Using effective time-management skills to make sure all key tasks are done.
- Relying on the supervisor to help you set priorities and best use your time.

- Delegating and engaging professionals, caretakers, and others to help achieve everything in each child's service plan.

**CVS Process Walkthrough**

The Region 3 CVS brown paper is shown in Figure 31, below. The detailed electronic version is in Appendix M.

Figure 31 - Region 3 CVS Process



Conservatorship can be initiated from an Investigation or Family-based Services case. A CVS caseworker is assigned through the IMPACT substage system. The CVS caseworker reads the investigation report and conducts a staffing with the supervisor.

The first step is to attend the 14th day hearing. The caseworker then changes the medical consent field in IMPACT and requests a permanency conference. Through the permanency conference the status of each child is reviewed periodically but no less frequently than once every six months by either a court or by administrative review in order to determine<sup>48</sup>:

- Safety of the child;
- Continuing necessity for and appropriateness of the placement;
- Extent of compliance with the case plan; and
- Extent of progress that has been made toward:

<sup>48</sup> [http://www.dfps.state.tx.us/handbooks/cps/files/CPS\\_pg\\_6270.asp](http://www.dfps.state.tx.us/handbooks/cps/files/CPS_pg_6270.asp)

- Alleviating or mitigating the causes necessitating placement in foster care, and
- Projecting a likely date by which the child may be returned to and safely maintained in home or placed for adoption or legal guardianship.

After requesting the permanency conference, the caseworker contacts the parents. At this point, the process as described in Region 3 gets into details about how CPS works together with American Native American tribal councils. No other region recognized this aspect of the process. Essentially, CPS gives the tribe a chance to be involved in placement.

Unless the child is a Native American, the caseworker arranges for parent/child visits and creates a visitation plan. The caseworker then contacts the children. Since the child will be changing locations, the caseworker locates required services in the new area, and prepares the requisite forms 2054.

Next, the caseworker contacts known collaterals to search for an appropriate adoption home. In addition, the caseworker submits a diligence request to a CPS Admin (because the caseworker does not have access the Accurint. Once a possible placement has been identified, the caseworker completes background checks for placement. (Note: a caseworker can only review one household at a time for possible placement.) If the placement option is in a different region, the caseworker requests a courtesy visit by the other region's CVS team. If out of state, the caseworker completes an Interstate Compact on the Placement of Children (ICPC) request

### ***Region 3 Overall Process Assessment Findings***

In the Region 3 office, we found the following overall categories of improvement opportunity.

#### **Delays add cost and further stress a family already at-risk**

According to the focus group, many investigation steps involved waiting. Waiting requires added steps, repeated steps, delay in service, reduced service quality, and leaves children in "limbo" during which the whole family faces the stress of not knowing what will happen next. Delays in the process certainly do not serve to promote child safety and, in some cases could serve to increase child risk.

CPS waits for the Court. No suggestion here is made that delays are inappropriate, only that a case involving potential removal will involve weeks of waiting. CPS waits for:

- Emergency removal orders
- 14 day hearings

- Other removal hearings

CPS investigator waits for supervisor. Supervisors are typically involved in many cases concurrently, across typically 8 investigators. TSG was told of many points during the investigation at which investigators typically conduct “staffings,” which are phone meetings with supervisors. Since supervisors do more than conduct staffings, it is easy to see how an investigator might have to wait for the supervisor to be available. We did not observe a method for prioritizing of sequencing staffing calls. Basically, investigators call in, and wait for a call back. Meanwhile, they are in the field, possibly sitting in their car on the side of the road.

Delays can occur at the beginning of an investigation, as the case moves from Intake to Investigations. Since Intake is not in scope, the Region 3 focus group was not in a position to explain how delays happen. However delays that nearly consume the allowable time for first visit (24 or 72 hours) are not uncommon.

Delays can occur because the parties are not available when the investigator is on site. This can be because:

- One or more parents or children are not at home when the investigator arrives
- One or more of the parents or children do not live at the same place

Other people important to understanding the case are not available when the investigator is in the field. These include teachers.

Depending on the court, a caseworker might wait 4 or 5 hours for a court appearance to happen. Often, the caseworker shows up and waits. ing paper causes delays. This takes on three primary forms:

- Waiting for printed information: case background and blank forms
- Printing documents that require signature. Some investigators have portable printers, other do not. Several documents must be printed and signed. Signed documents then have to be scanned into the record
- Paper files are back at the office

Most cases require an extension at the 30 day checkpoint. You typically are waiting for forensic, law enforcement, or someone you can’t find to interview.



**Errors are used as a cause for discipline, instead of as a tool for systemic process improvement**

“Errors” is a loaded word. We observed an unhealthy tendency to think that error does not apply to investigations work. Unlike an organization that uses six sigma and celebrates errors as opportunities for improvement, errors are not readily admitted because of a pervading culture of blame.

To avoid the stigma of talking about “errors”, we asked the focus group to identify instances at which information in the case had to be changed—i.e., had to be corrected. This is consistent with many six sigma approaches to defining errors. These approaches group into the following categories:

- Information from reporters and sources of “collateral” (i.e., people with corroborating information) may be exaggerated or simply wrong. Investigators told us that sometimes information is colored by point of view, and sometimes by vendetta. Of course, the investigator has to get to the bottom of the real facts and correct the record where needed
- The ultimate error is that of making the wrong decision about removal. Obviously, there is the error of not removing when the situation actually suggests it. Conversely, there is the error of removing when the facts are not found to demand it
- Families not accurately recorded in IMPACT. Family information can be wrong or outdated. In addition, IMPACT can have multiple families or cases that must be merged. This can be because two records were created in error, or the families were reconfigured
- Missing information. The IMPACT record, in fact, contains all the information the investigator collects is simply what they collect. Surely, there is always more information that could be collected, but is missed
- Incomplete work. We heard that on some occasions FBSS will not accept a case from investigation because the IMPACT record is in some manner deficient.

**Most CPS work is done away from the family—making a “customer focused” service difficult to deliver**

The Region 3 focus group defined the “customer” as the child and family. Accordingly, as the actual process moves away from the family, it becomes less “customer focused.”

- Staffings are the points at which family-related decisions are made. As a matter of practice, staffings are done away from the family. We were told that staffing involves discussions and expressions that one would never want the family to hear. Region 3 focus

group explained that most data-entry is done away from the family. One key reason cited is that computers and data entry are not conducive to building a relationship with the family.

### **Management issues reduce caseworker effectiveness**

- Many CPS workers live in fear of reprisal or losing their jobs. TSG observed something other than a healthy fear that keeps people working strong. TSG observed a depth of fear that is doubtless having an adverse effect on the quality of services. Fear is created in many ways at CPS:
  - “Lose a child and lose your job” juxtaposed against limited empowerment to make actual decisions that affect child safety
  - Metrics are misused. Instead of tools to improve systemic process, metrics are too-frequently used as instruments for personal discipline
  - Supervisors culture an environment of fear by focusing on throughput rather than outcomes, being autocratic in their adaptations of process and policy, remaining aloof and unreachable

CPS management is aware of the issue with supervisors, and has begun to address some of the issues through new training but needs to do more to create a more positive work environment

- Turnover adversely affects casework. Turnover stresses CPS in many ways (see Job Analysis Section). TSG found that Investigation and FBSS caseworkers last just over 2 years on average. Many industries face that level of turnover and higher; average turnover rate across all private sector industries is 49%<sup>49</sup>. TSG did not observe the types of initiatives in place that would build processes, management support and training that would allow it to adapt to the situation of high turnover. Instead, CPS most recently requested 1,000 new workers that will move into an already stressed workforce—with few adaptations for training and assimilation.
- Recruitment is not adequately selecting workers that can do the job. This point is described in greater detail in the Job Analysis section. From the field perspective, TSG heard widespread complaints that CPS needs to better understand, and follow effective hiring profiles and practices.

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<sup>49</sup> Bureau of Labor Statistics

- We observed an emerging concept of Specialists assigned to work across Investigations, FBSS and CVS. Yet, we found in general a management process and culture that assigned cases to individuals without respect to their individual skills and experience.
- CPS pays too little attention to work-life balance. TSG observed little respect for work life balance of the caseworkers. This is a high-stress job for low pay. Workers deserve to be respected for their family commitments as well as for their commitments to children in need.

### **Complex process is not supported by appropriate tools or training**

Investigators receive little on-going training in complex process. According to the Region 3 focus group, they have practically no on-going training

The training received by caseworkers is rated low by the field staff. TSG heard from the field that BSD is not preparing new caseworkers for the job. Two common themes include inadequate preparation for the stressful situations, and lack of people skills.

The notion of learning at CPS is called “training”. The difference is fundamental. “Training” is one-way communication of knowledge. This is the notion of memorizing multiplication tables or foreign language vocabulary. Learning is an environment in which learners are hungry to improve themselves. Learning involves questions and self-motivation. In the minds of some educators, training is antithetical to learning<sup>50</sup>.

### **Travel saps off 25% of caseworker productive time**

Travel reduces the amount of time a caseworker can spend actually working either directly with the family, or behind the scenes toward family safety. This is not to say that travel is avoidable—Texas is a big state. Nonetheless it is a process issue. A survey of CPS workers suggests that a substantial portion of the investigator’s time is used in travel (see separate survey discussion.)

- Travel may be around the corner or 30-40 miles. Investigators typically drive 200 miles per day. We were told that investigators drive 1,500 miles/month on average. That is likely 30-40 hours per month driving.
- An investigator may travel several times to visit a family—either because members were not present, or to conduct follow-up steps. The typical investigation requires 3 home visits prior to turning over to FBSS. If it’s a removal, the average is 3 visits to the foster home in the 14 days before the court finalizes the removal. If there are multiple children,

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<sup>50</sup> See for example the writings of John Seeley Brown

CPS may have to go to three schools to pick the children up. We were told that travel is exacerbated by:

- Parents are not always at home, requiring several visits just to make initial contact
  - Children or parents may not be at the same location (e.g. children at school), requiring several trips
  - Incorrect addresses or mistaken location information
- Region 3 focus group members talked about pulling off the road to conduct work, they never talked of working while driving. Thus, perhaps 20-25% of investigator time is dedicated to travel.

**Caseworkers may be obliged to work odd hours, requiring them to extend their work day and stress their own families, often without overtime pay**

- Caseworkers need to see school-age kids in the home which means weekend work
- Typically need to arrange schedule around availability of people you need to interview and do documentation at off hours. Can't take time during day to document as that's only time you can get to doctors, professionals, courts, etc. If you try to document right after an interview, you have limited yourself to 3 interviews a day.
- Overtime pay is accumulated not paid (see Job Analysis Section)
- It's impossible to take leave as your workload just builds while you are gone. You come back so far behind that it isn't worth it.

**Mobile technology is not yet ideal to support field work**

There are difficulties interfacing between the IMPACT forms and generating PDF's to send to third parties.

- There are difficulties interfacing between the IMPACT forms and generating PDF's to send to third parties.
- When you receive a fax in tiff format, you cannot upload it to IMPACT. RightFax has constraints about faxing certain document types and you get an error message.
- Difficulty uploading photos to IMPACT. Why can't it be as simple as uploading multiple pictures to Facebook? Loading multiple photos can take 8 hours. Makes you choose which ones you really have to upload.
- IMPACT is difficult to navigate to find things.

- IMPACT makes you select a particular path. You make a conscious choice to answer a question one way based on knowing the work IMPACT forces you to do if you select a different path – even when that path more accurately captures the real situation.

### **Case assignment does not assure evenly distributed, adequate caseworker skills or band width**

- The assignment of cases to caseworkers does not take into account the sub-stage – we did not observe consideration given to the number of children, the number of principals you have to interview. Bilingual cases are harder as you have to coordinate the translator. If you are bilingual, you tend to get assigned a lot of Hispanic cases where the families tend to have a larger number of children, so your workload is heavier.
- The assignment of cases doesn't take into account the degree of abuse or neglect to understand the complexity of the situation.
- Case assignment does not take into account language of the family or child. In one region, TSG were told the story of a case in which parents were explained the safety plan in English, although the parents spoke only Spanish. In other region, we heard that cases with language mismatch are reassigned—adding delays and rework. While 2.3 million Texans (12% of the population)<sup>51</sup> speak only Spanish, CPS does not assign cases to workers that have the appropriate language skills. Instead, caseworkers are supposed to use a translation service. TSG was told of situations in which the safety plan was explained in English even though the caseworker knew for certain that the parents did not understand the language. Case data shows that 39% of CPS cases are with families in which the primary parent is Hispanic<sup>52</sup>. During the course of 2013 to 2Q2014 CPS sent a caseworker into 103,560 family homes with effective disregard for the families cultural and language background. CPS does have Hispanics on the payroll; 27% of CPS employees identify themselves as Hispanic. However, CPS does not assign that way. Thus, instead of having nearly enough to cover the need, CPS' "luck of the draw" process assigns (on average) a Hispanic caseworker to a Hispanic case only 27% of the time.
- Travel consumes much of case workers' time. On one hand, this is unavoidable, since the "work" is in the field. On the other hand, process is so inefficient that it requires many potentially avoidable repeat trips. Also, process essentially requires that much of the work be done outside the family's home, creating additional need for repeat trips and rework.

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<sup>51</sup> Data from US Census, reported at <http://www.statisticbrain.com/spanish-speaking-state-statistics/>

<sup>52</sup> TSG analysis of case data from MRS' data warehouse

- Courts place various demands on the caseworker. Demands include different forms or processes by jurisdiction, making the caseworker wait, and treating the caseworker with personal contempt.

### **Shortages of available community resources, and even supplies to support children in CPS care**

- Resource availability in the community varies wildly from place to place. Thus, CPS may not be able to put in place the requisite services to assure a safer environment for the children
- Shortage of oral swabs around the 15<sup>th</sup> and 30<sup>th</sup> of every month
- Not all CPS offices have Blue Bags (supplies to send with children taken into custody). Investigators are sometimes required to buy supplies at Wal-Mart.

### **Supervisors are sometimes seen by the front line as part of the problem**

- Some supervisors are reluctant to contradict a therapist. Some listen to the attorneys and DAs more than others.
- The amount of turnover has caused recent supervisors to be so new that they may not have the personal knowledge base and experience
- Some supervisors get into the “my way only” mode where they emphasize quantity over quality and push you to close cases.
- The delinquent case metric is very powerful. Receiving the weekly emails about your delinquent cases is very disturbing and demotivating. Case workers are generally aware that they have delinquent cases. Such emails are motivated by the supposition that caseworkers are lazy and lack self-motivation to help their families. TSG did not observe caseworkers that need prodding; instead the need support, guidance and help.
- Difficult to predict what level of supervisor and PD support caseworkers will have for making certain judgment calls. Sometimes the supervisor requires a worker to go back to the family and ask more questions—steps that were not spelled out in advance through policy, process or staffing discussions.

### **Field workers are not equipped to consistently apply policy**

- There is a big difference between “as written” and “as implemented.”
- Differences in forms are driven by the Courts.

- BSD Training teaches the policy as written. The instructors may have been out of the field for 10 years and their knowledge of current practices is stale. (Note: consider job rotation in and out of training roles to keep the instructors more current).

**Case work is conducted away from the child and family.**

- The TSG survey suggests that only 26% caseworker time is spent with the family. (Note, we also asked every caseworker in the field the actual time they spent with children and families and there was almost unanimous agreement that the 26% amount was in fact accurate). This included direct care caseworkers in all stages of service. Furthermore, TSG expects that is an over-estimate, as in our experience self-reported time reports tend to be what “should be” rather than what actually is. CPS processes are designed to be completed away from the family—they expect the caseworker to research and document back at the office (or at least not in the family home.) As a consequence, CPS processes are not time-efficient. They involve many extra trips and rework.

**Processes are poorly documented or managed on a systemic basis**

- Such process documentation as is available is not suited to guide caseworkers through investigations or the support of family-based services or conservatorship. Where documentation exists, it is often times either:
  - Outdated and overly general, as part of Basic Skills Development (BSD) training
  - Overly summarized
  - Overly focused on compliance, as part of the CPS Handbook
- A culture has developed in which regions are free to adapt process and customize regional documentation. This is not generally in holding with the policy of a state-wide program. TSG explored in detail where these differences were driven by local judicial practices. In most cases, the process differences not policy differences, rather sequencing, court process and documentation and minor organizational adaptations. Notwithstanding, the culture that says regions can adapt practice makes training, technology support and quality management difficult. It also makes roll-out of process improvements difficult.
- Process is overly focused on compliance. This is not to say that caseworkers do not have the utmost concern for the children and families they work with. However, the process they use seems (to them as well as to TSG) overly oriented toward meeting targets and deadlines.

- Process is based on hierarchical supervision and individual performance, not on teamwork. The world accepted years ago that for complex tasks such as protecting children, team work always produces superior results to individual decision making. However, CPS clings to the notion of individual work with a supervisor to approve decisions. TSG found pockets of work in the regions that uses teamwork and collaboration to manage cases. However, that is neither common nor support by CPS management. Instead, CPS management drives individual performance through case metrics that are at odds with team work
- Processes are not integrated across the aspects of CPS. Perhaps the most obvious example is that families are posted a form letter when their case is handed off to FBSS explaining that their case has been closed—not mentioned that a new case is simultaneously created within FBSS, just a different part of CPS. Staffs do not collaborate, IMPACT encourages the notion of “throwing the case over the wall”, service providers change, services plans change...from the perspective of a family in the system, CPS must appear to be uncoordinated
- Processes are often ineffectively time-managed. This is visible on three dimensions. First, neither IMPACT nor the CPS Handbook includes a formal plan reflecting the best thinking of the caseworker and her supervisor. Instead, the case work is guided by the need to comply with rules and fill in the fields in IMPACT. Second, the nature of the work involves surprises, twists and turns in the case. Thus, it is difficult to plan the work in advance. Third, we found little formal time management. One of the most common comments from the field was that supervisors teach their caseworkers time management, informally and without curriculum or a common time management model.
- Files printed out, stored as paper, then archived
- Trips to the family home to sign a document for which all the information was ready at the last visit
- Added work required for a case because the supervisor and case worker did not agree in advance on the work steps
- Repeat trips to find the child or family, because information was not adequate in advance

**Process is not subjected to regular, rigorous, field-based continuous improvement**

- Regional investigators talked of the “common characteristics” of cases. However, these are not formalized in a manner that takes advantage of CPS massive experience with nearly 200,000 investigations per year.



- Processes appear not to be subject to continuous improvement. In this context, continuous improvement is a method through which grass-roots team measure processes, find problems that need to be fixed, develop and test solutions, implement improvements and measure improvement. Continuous improvement would be hostile to CPS' current method of management in three regards. First, it assumes that workers accept the notion of a common, state-side practice, which violates the CPS culture of regional adaptation accountability to common process. Second, it depends on grass roots focus groups (e.g., quality circles) to develop improvements, whereas in CPS today formal process change comes "from the top." Third, CPS uses metrics largely for discipline today, a practice that is antithetical to continuous process improvement.
- Delays are characteristic of the process. TSG observed that the process is delayed many times. More than 95% of investigations do not involve a court or child removal (things that have inherent delays.) Yet, the median case during for an investigation is 60 days and 10% of cases require more than 106 days. This should be understood in the context that the average investigation requires only 17 hours of actual time. However, there are many legitimate things the investigator waits for prior to closing a case – e.g., results from a drug test, records from school, an evaluation from a therapist, etc. The real point is the nature of their work is hurry-up and wait which is difficult to time manage.
- Rework is common. Rework is a contentious phrase. No one likes to think they are guilty of rework. However, the case process is replete with examples such as:
  - Making a second trip because the worker did not find the child on the first visit
  - Entering information into IMPACT that was already entered in a different screen
  - Printing then scanning a document into the electronic record
  - Conducting a second safety review in FBSS even though that was done by Investigations
- Regions use "staffings" differently. Each region requires meeting at different points in the process. In all regions, case evaluations or decisions are generally made through phone or in-person meetings with the caseworker's supervisor. Case workers make few decisions independently.

**CPS processes are not directly linked by some form of model describing how process is expected to achieve outcomes**

- Processes are not supported by decision tools. Case work is supposed to be guided by two tools: the CPS Handbook and IMPACT. The CPS Handbook is not designed to

guide process; rather it is designed to communicate rules. That is very different. Not only does that approach fail to provide a view of how the steps fit together, but it makes the job seem as if its goal were to comply with rules—rather than assessing and building child safety. Furthermore, the CPS Handbook offers weak navigation. The outline is not according to the process, rather disconnected topics (i.e., a compilation of rules.) The tool offers search capability, but that is only useful if the user already knows what to search for.

- While outcomes are important to CPS case workers, they have no sense of their ability to control outcomes. They have no metrics or formal guidance to understand that certain services combined with certain family factors are likely to produce certain child outcomes.
- The decision to remove is made through informal meetings, not through a formal method of assimilating the facts into a replicable decision. When asked, caseworkers told TSG that the decision is made using “common sense” and experience.
- An informal “best practice” is for the investigator to see the child outside the family home before initially visiting the family. This is an example of where field process differs from what is taught in BSD.

#### **Policies are not well understood by the field, and not overtly described as part of process**

- Not one field person involved in the Assessment project expressed the opinion that CPS policies could be read and understood by a caseworker
- Policies appear to be developed without adequate understanding of field implications. Policies are written to convey desired outcomes, not with a mind to how caseworkers will enact them
- The safety assessment and safety plan are developed without a formal decision making process
- An effective partnership with law enforcement is crucial to investigations
- Investigation is a job that sometimes requires odd hours. A Priority 2 case requires 72 hour response. Also, a case might suddenly require a removal after hours—requiring the investigator to disrupt her personal family life without notice or excuses. This is a special problem on Monday (often a holiday) when reports that came in over the weekend may be nearly 72 hours old before the caseworker is assigned. As a result, the deadline can arbitrarily reduce the quality of work.

**Technology supports process with data storage and retrieval, not as a process or decision support tool**

- IMPACT lacks flexibility to adapt to changing expectations. IMPACT is not able to support basic requirements of the process it lacks:
  - Many required forms.
  - Ability to store audio
  - Ability to quickly store and catalog pictures or video
  - Work flow to support the process
  - Integration with the CPS Hand Book

Compared with other tools of the 21<sup>st</sup> century, IMPACT is a dinosaur. Consider IMPACT compared to other complex tools that offer significantly more complicated functionality with vastly superior user interface: Facebook, Amazon.com, Google.com, Kayak.com. Workers can submit bank deposits by using the camera feature in their phone. They can find friends' picture through face recognition on Facebook. By comparison with the tools caseworkers come to expect in their everyday life, IMPACT is not keeping up with either the technical state-of-the-industry, or user expectations for what a system should be able to do.

- IMPACT inadequately supports effective decision making. IMPACT is design as a data repository, not as a decision support tool. Accordingly, CPS does not offer a tool that supports decisions. There is a valuable debate in the industry about how decisions should be better supported (see Decision Making Section.) Whatever the method, the system should help the caseworker capture the relevant decision factors and structure them in a way that supports human decision making.
- CPS processes are still largely paper-based. Caseworkers spend as much time managing paper as they do entering data into a computer. Paper case files are still developed for every case. Worse, some elements of the case must be scanned and stored electronically, long after they are put on paper.
- Mobility has not yet been successful. Mobility still lacks several key elements: effective data connectivity, caseworker skill, effective fax capability, etc. Today, it has the look and feel of a “good idea” that has been only half implemented. Meanwhile, caseworkers are being directed to stay out of the office. We found no assessment of whether the investment has paid off yet. CPS spent \$7,000 per caseworker to roll out a program that has not demonstrated either lower cost (caseloads have not increased) or effectiveness

(measured in child outcomes.) Instead, field workers complain that Mobility has taken away their support group. They have not yet learned how to receive the support of coworkers while working mobile.

- Although the work of CPS is social in nature, TSG found little use of social media tools. For example, we heard of informal uses of texting, although that is not incorporated into normal practice. Likewise, tweeting might be used for announcing new policy or changes in a family situation—but we found no evidence of tweeting. We found no examples of collaboration software being applied to the process, either formally or informally.

### *Findings Specific to Investigations*

- CPS has screeners that can “shut down” cases before a caseworker is assigned. This is a new concept that involves 50 experienced workers state-wide.
- Investigations are assigned to caseworkers by a “next up” method, or based on caseloads. Investigations are not generally assigned with consideration for a caseworker’s unique skill or experience. Regions use slightly different approaches to collecting information before the initial family visit—some collecting more outside information.
- An informal “best practice” is for the caseworker to see the child outside the family home before initially visiting the family. This is an example of where field process differs from what is taught in BSD.
- The safety assessment and safety plan are developed without a formal decision making process
- Regional caseworkers talked of the “common characteristics” of cases. However, these are not formalized in a manner that takes advantage of CPS massive experience with nearly 200,000 investigations per year.
- The decision to remove is made through informal meetings, not through a formal method of assimilating the facts into a replicable decision. When asked, caseworkers told TSG that the decision is made using “common sense” and experience.
- Regions use “staffings” differently. Each region (TSG presumes each supervisor) requires meeting at different points in the process. In all regions, case evaluations or decisions are generally made through phone or in-person meetings with the caseworker’s supervisor. Caseworkers make few decisions independently. Notwithstanding, if a case goes sour the caseworker is treated as if she had made the decisions on his/her own.
- An effective partnership with law enforcement is crucial to investigations

- Investigation is a job that sometimes requires odd hours. A Priority 2 case requires 72 hour response. Also, a case might suddenly require a removal after hours—requiring the caseworker to disrupt her personal family life without notice or excuses. This is a special problem on Monday (often a holiday) when reports that came in over the weekend may be nearly 72 hours old before the caseworker is assigned. As a result, the deadline can arbitrarily reduce the quality of work.
- A top-down process improvement now under evaluation is “Foster Care Redesign”. Foster Care Redesign is based on the premise of shared decision making, which is an interactive process in which PSC, CPS, children, youth, and families collaborate to make decisions about the child’s care and protection. In the new foster care model, a Single Source Continuum Contractor (SSCC) is responsible for ensuring the full continuum of services in a designated geographic area and therefore must have a good understanding of the strengths and needs of the community. Additionally, the redesign provides opportunities for better coordination of services to children and families, and enhances opportunities for collaboration both between CPS and other stakeholders.
- Foster Care Redesign introduces a formal process description for removal: The “Removal Checklist”. This is more what TSG expected by way of process description – which we did not see in Impact or the CPS Handbook.

### *Findings Specific to FBSS*

- Unlike the investigator, the FBSS caseworker is supposed to be part of a “close knit” unit that performs advanced social work related to protecting children while maintaining the children within the family. TSG did not hear the FBSS case work described in that way in the field. Instead, it continues to be conducted largely through individual work under close supervision.
- The handoff from Investigation to FBSS is sometimes contentious and involves delays and rework. There appear to be no formal standards for whether a case should be transferred to FBSS from Investigations, or closed. In some cases it involves disagreement and rework. The handoff between the two aspects of CPS involves a meeting including the investigation and FBSS caseworkers, the two supervisors and the two PDs.
- There can be a service lapse when a case is transferred from Investigation to FBSS. This can involve communication issues, changes in service providers, a new services plan and up to 20 days with no “eyes on” visit.
- FBSS removes children in nearly as high a percent of its cases as Investigation.

- FBSS caseworkers lack direct access to Accurint when they are looking for relatives or other families to place children
- In isolated pockets, TSG found closer-than-standard collaboration between Investigations, FBSS and CVS. Workers “really liked” working together.
- Regions have different access to outside services, and this changes the job of the B|FBSS caseworker.

### *Findings Specific to CVS*

- Compared to Investigations or FBSS cases, CVS cases require a long time. It is not unusual for a case to stay open for several years. During this time, CVS caseworkers visit the child every month and are delayed by court involvement.
- Decisions are delayed by waiting for supervisor “staffings”. So does waiting for service providers and courts, and contacting “collaterals”.
- Caseworkers make extra trips to manage documents. Documents are often not completed the first time in the field. Instead, often documents are printed in the office, and must be taken back to the family for signature.
- Travel is a big consumer of caseworker time.
- Supervised visitation can be a challenge—adding travel and time so the caseworker can “babysit”. There are contracted services to support the serviced visitations but limitations in the skills and facilities available for their use have constrained the ability of these contracts to free up the CVS worker to do other things. In addition, the CVS worker often wants to observe the interaction between parent and child.
- A top-down process improvement now under evaluation is “Foster Care Redesign”. Foster Care Redesign is based on the premise of shared decision making, which is an interactive process in which PSC, CPS, children, youth, and families collaborate to make decisions about the child’s care and protection. In the new foster care model, a Single Source Continuum Contractor (SSCC) is responsible for ensuring the full continuum of services in a designated geographic area and therefore must have a good understanding of the strengths and needs of the community. Additionally, the redesign provides opportunities for better coordination of services to children and families, and enhances opportunities for collaboration both between CPS and other stakeholders.
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- Compared to Investigations or FBSS cases, CVS cases require a long time. It is not unusual for a case to stay open for several years. During this time, CVS caseworkers visit the child every month and are delayed by court involvement.
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- Supervised visitation can be a challenge—adding travel and time so the caseworker can “babysit”

### State-wide Regional Process Differences in Investigation, FBSS and CVS

TSG expected to find major differences between processes across the regions, it did not. In each of the regions, TSG worked with the Region 3 (Arlington) process maps as a “baseline” for comparison. Focus groups representing the other regions made the comparisons at the step-by-step level. To achieve the comparison, each subsequent regional focus group walked through the Region 3 process maps (Investigation, FBSS and CVS). The focus group experts described in detail each difference from the baseline. TSG captured each of these differences with an indication on a copy of the baseline process map. In addition, the difference was described in text. The list of differences is presented in Appendix L, and the associated depiction of the process points off difference in Appendix M.

Process differences were primarily driven by local nuance of local court process, by differences in local services availability and local sequencing adaptations.

### Courts

Differences between courts are outside the scope of the Assessment. Nevertheless, TSG heard of differences that affect CPS. These include:

- Timing and content of hearings
- Forms
- Rules of evidence: what the caseworker needs to bring to court
- Approach to handing cases in which the parents do not show

## *Local Services*

Local services vary according to the infrastructure available in the local community. TSG heard that services tend to be relatively more available in urban versus Texas' rural areas. This seems to affect the type and level of direct services CPS can provide. It also may affect the nature of outcomes. It appears that CPS does not assess this on a regular basis.

## *Sequencing*

Each of the regions told TSG of slightly different ordering to the standard steps: for example, at what point in the process the order for a Family Group Counseling session is placed. It is likely that these differences are a matter of individual caseworker process or even individual cases. Process mapping forces focus group members to express process as if it were consistent, when these sequencing differences might represent the most vocal of the focus group members or even the most recent case worker—rather than different regional practice. TSG observed no special significance to the changes in sequence.

Each of the additional regions we visited offered a number of thoughts on the actual Investigation, FBSS and CVS process that we thought was clearly worthy of documentation in this Assessment. As mentioned, we have included each of the regions thoughts concerning the regional process, delays, root cause and solutions for improvement in Appendix C. Each regional focus groups offered valuable insight that validated a number of our findings throughout this report.



**COST OF PRESENT PRACTICES**

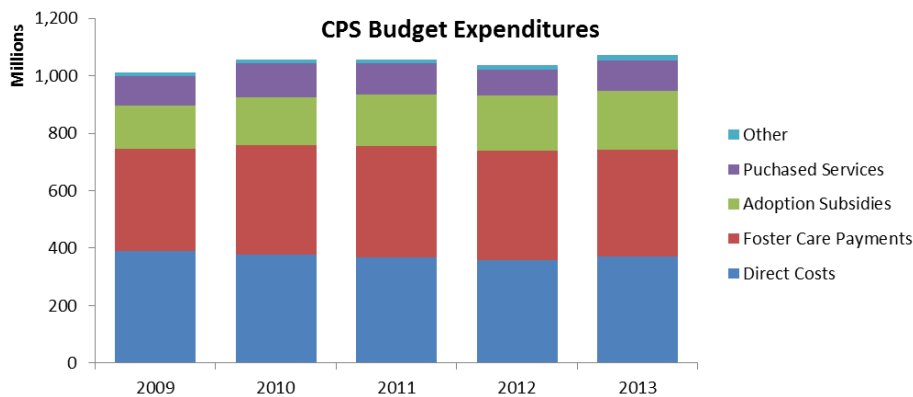
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“Maybe we need to focus our efforts on creative ways not to spend as much and to save more money. Even if that means eliminating job positions that are not needed.” – Survey Respondent.

**Expenditure Analysis**

CPS expenditures have increased since 2009 from \$1.005 billion to \$1.070 billion. This represents a growth of \$60 million, or 6%. This is a Compound Annual Growth Rate (CAGR) of 1.4%. Figure 32 (also Table 16) shows the overall growth and key elements of expenditure. The largest portion of CPS expenditure is pass-through to families for Foster or Adoption, or purchased services. In other words, 64% of CPS expenditures are already “outsourced” to families or the private sector. This means that a substantial portion of cost management is managing these families and vendors. CPS spends \$685 million either directly to families or through private vendors.

Figure 32 - CPS Expenditures FY2009-2013<sup>53</sup>



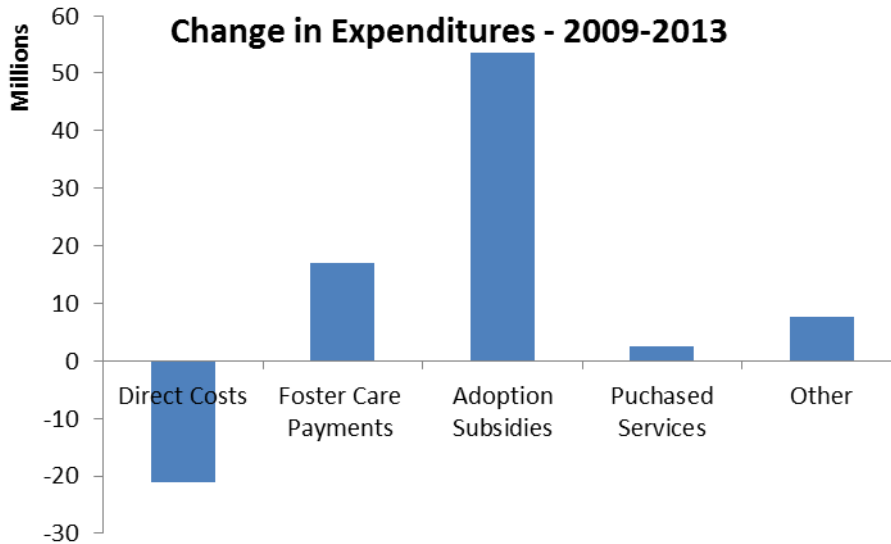
<sup>53</sup> TSG analysis of a data extract provided by CPS

Table 16 - CPS Expenditures FY2009-2013

	2009	2010	2011	2012	2013
<b>Direct Costs</b>					
Investigations	128,151,225	134,241,458	129,444,040	125,491,895	132,442,338
CVS	86,782,769	99,379,015	99,587,653	98,695,116	102,027,390
FBSS	40,407,355	47,020,402	45,671,180	45,218,354	47,166,158
Other	98,920,096	54,449,974	47,375,395	41,362,710	42,340,233
Support	20,987,034	20,533,054	21,041,413	20,725,364	21,200,708
Foster Care		6,920,122	10,837,170	11,202,325	11,079,658
Legal	6,379,604	6,085,303	5,642,339	5,602,487	5,512,481
Kinship	4,678,598	5,323,971	5,076,449	5,172,000	5,452,095
Training	5,035,551	4,260,313	3,055,549	3,044,844	2,998,325
<b>Total</b>	<b>391,342,232</b>	<b>378,213,611</b>	<b>367,731,188</b>	<b>356,515,096</b>	<b>370,219,385</b>
<b>Payments to Substitute Homes</b>					
Adoption Subsidies	151,581,174	166,528,334	178,830,440	191,971,155	205,035,237
Foster Care Payments	346,962,822	372,896,047	382,200,642	375,684,643	366,511,667
Foster Care Payments -- Pass Through	6,892,228	6,554,997	4,945,391	6,131,677	4,413,266
Permanency Care			256,022	2,039,240	4,712,531
Relative Payments	6,759,363	8,284,775	9,425,397	7,822,124	9,474,083
<b>Total</b>	<b>512,195,587</b>	<b>554,264,153</b>	<b>575,657,892</b>	<b>583,648,839</b>	<b>590,146,783</b>
<b>Purchased Services</b>					
Day Care	33,812,222	38,954,074	42,195,484	39,226,419	47,710,081
Out-of-Home Placement Services	43,377,731	46,973,684	42,074,530	32,221,015	35,797,862
In-Home-Placement Services	18,995,606	23,152,374	14,629,531	9,522,978	10,941,800
Physical Exams and Other Medical	2,917,248	4,132,078	4,790,324	5,146,707	5,005,204
Other Purchased Services	4,138,459	5,159,305	6,051,794	5,690,752	6,286,185
<b>Total</b>	<b>103,241,266</b>	<b>118,371,514</b>	<b>109,741,664</b>	<b>91,807,871</b>	<b>105,741,131</b>
<b>Other</b>					
Eldorado Investigation	100,583	178			
Children's Rights Litigation			118,930	853,270	752,938
CASA Volunteer Training - Pass Through		41,087	80,982	71,435	18,431
University Training IV-E - Pass Through	4,458,926	4,615,329	4,423,744	4,536,667	3,969,416
<b>Total</b>	<b>1,011,338,595</b>	<b>1,055,505,872</b>	<b>1,057,754,399</b>	<b>1,037,433,179</b>	<b>1,070,848,083</b>

As shown in Figure 33, the greatest increase to CPS expenditures comes from Adoption Subsidies and Foster Care payments. Direct costs (salary and the like) are down \$20 million, purchased services remain at a level unchanged since 2009.

Figure 33 - Differences in CPS Expenditures by Category<sup>54</sup>



During the same period, Texas child population under 18 years of age has increased from 6,792,907 in 2009<sup>55</sup> to 6,996,352<sup>56</sup> in 2012. Thus, the child population has increased 3%, a CAGR of 1%.

The source of the increase in CPS expenditures is shown in Table 16, above. Since 2009, CPS Direct expenditures have *decreased* \$21 million, while Adoption Payments are up \$53 million, Foster Payments are up \$17 million, and Purchased Services are up \$2.5 million. Note that this data includes only through FY2013, and predates payroll expansion during 2014.

### ***CPS Direct Expenditures***

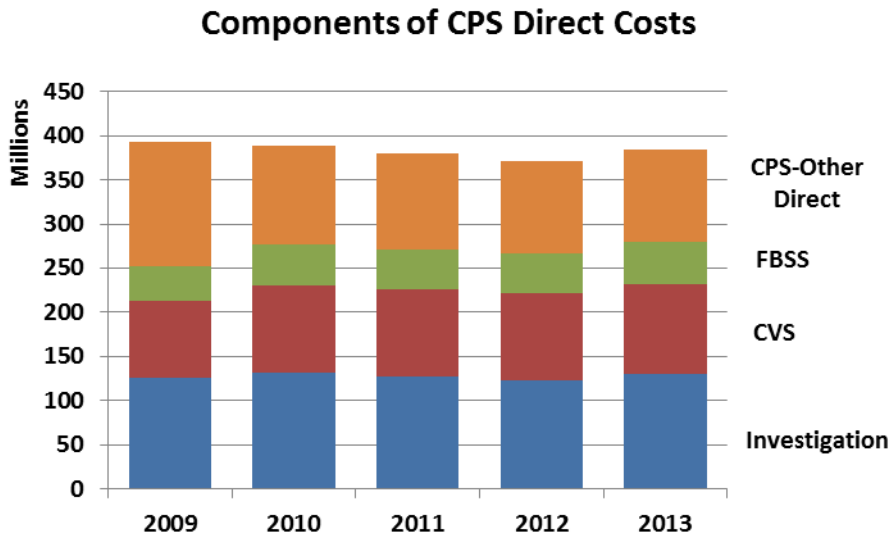
In the CPS Direct expenditures amount, TSG includes those expenditures included in the CPS sub-strategies that include labor and labor-related activities. They do not include payments to third parties. The analysis uses data provided by CPS Budget, with amounts grouped by TSG, as CPS does not group expenditures in this manner. Figure 34 shows the composition of CPS Direct.

<sup>54</sup> TSG analysis of a data extract provided by CPS

<sup>55</sup> <http://www.census.gov/popest/data/intercensal/state/ST-EST00INT-02.html>

<sup>56</sup> <http://txsdc.utsa.edu/Data/TPEPP/Estimates/Index.aspx>

Figure 34 - CPS Direct Expenditures<sup>57</sup>



**Direct expenditures**

Direct expenditures are down slightly from 2009. Investigation has increased 3.3%, FBSS has increased 16.7% and CVS expenditures have increase 17.6%. The largest decline in CPS Direct is in “other” which decreased by nearly \$50 million. We discussed the details of the other account with CPS Budget and learned that they believe it includes \$94 million related to CPS Redesign expenditures from 2009 and 2010. TSG noted that this had not previously been identified and explained as a variance.

**Regional Expenditures**

Regional expenditures are shown in Table 17. They include the cost of caseworkers and support teams. The regions spend in total 3% less than they did in 2009. This is comprised of decreases in all regions except Houston (flat) and El Paso (up 4%).

<sup>57</sup> TSG analysis of a data extract provided by CPS

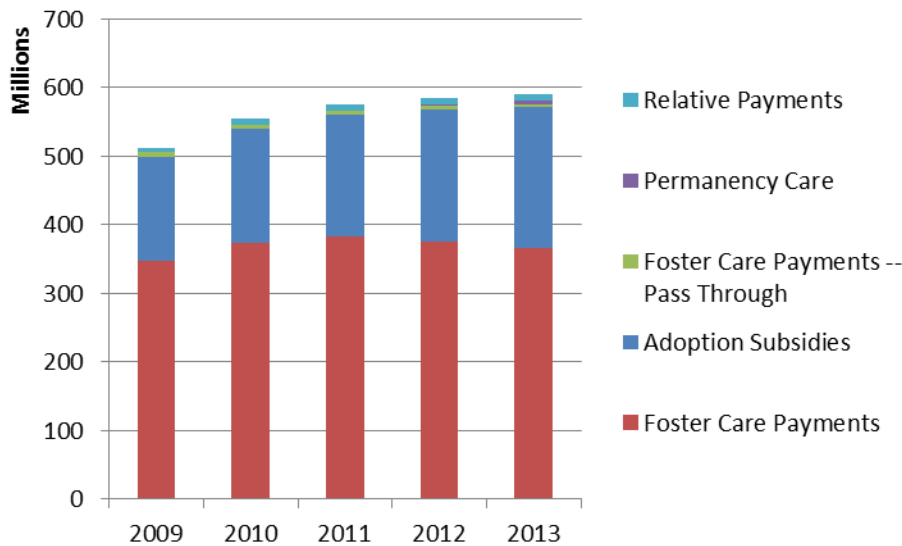
Table 17 - Regional Expenditures

	2009	2010	2011	2012	2013	% Change 2009-2013
Lubbock	19,168,944.58	18,555,324.68	18,158,363.67	16,888,716.29	17,559,630.02	(0.08)
Abilene	11,919,780.38	11,225,684.10	10,754,246.64	10,453,857.90	10,798,634.53	(0.09)
Arlington	76,675,371.29	72,271,037.29	70,985,923.72	69,526,339.82	72,936,420.47	(0.05)
Tyler	17,699,596.66	17,621,587.47	17,746,462.38	16,251,582.48	17,189,806.99	(0.03)
Beaumont	11,317,481.91	11,067,764.51	10,869,087.40	10,668,752.88	10,796,655.05	(0.05)
Houston	66,028,380.36	65,157,305.47	66,183,437.40	64,622,271.39	66,356,104.11	0.00
Austin	38,047,452.55	35,710,297.26	35,473,282.38	33,900,558.96	36,358,874.25	(0.04)
San Antonio	44,076,596.85	42,964,335.50	42,022,231.89	41,141,863.36	42,903,743.08	(0.03)
Midland	10,163,805.04	10,323,437.38	10,317,073.76	9,232,158.68	9,786,936.00	(0.04)
El Paso	8,850,386.15	9,021,300.82	9,033,177.80	8,758,455.84	9,162,805.45	0.04
Edinburg	34,135,195.67	33,434,537.14	33,044,252.51	31,201,814.17	32,505,315.94	(0.05)
	338,082,991.44	327,352,611.62	324,587,539.55	312,646,371.77	326,354,925.89	(0.03)

**Foster Care Payments**

Foster Care payments have grown since 2009 by 15%, as shown in Figure 35 and Table 18. Rates have not increased; this represents more children in out-of-home placements. While Texas receives a bonus federal subsidy for its high Adoption rate, this has grown from \$7 million in 2009 to a peak of \$10 million in 2013. The increased cost of adoptions has increased 36% or \$53 million.

Figure 35 - Foster Care, Adoption and Other Payments to Substitute Homes - 2009-2013<sup>58</sup>



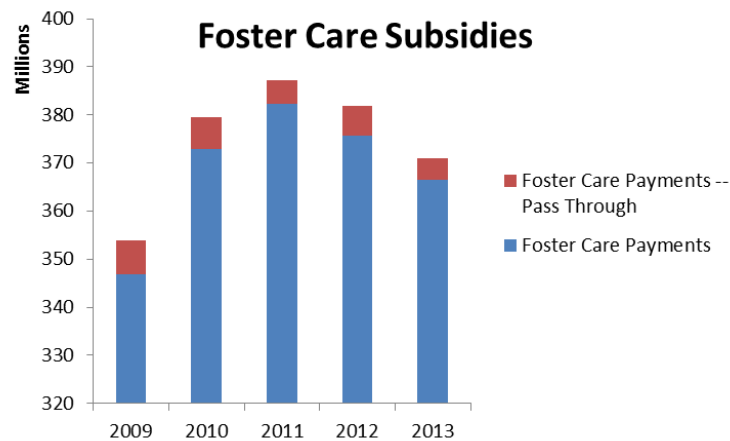
<sup>58</sup> TSG analysis of a data extract provided by CPS

Table 18 - Foster Care, Adoption and Other Payments to Substitute Homes - 2009-2013<sup>59</sup>

Payments to Substitute Homes	2009	2010	2011	2012	2013	
Adoption Subsidies	151,581,174	166,528,334	178,830,440	191,971,155	205,035,237	35%
Foster Care Payments	346,962,822	372,896,047	382,200,642	375,684,643	366,511,667	6%
Foster Care Payments -- Pass Through	6,892,228	6,554,997	4,945,391	6,131,677	4,413,266	-36%
Permanency Care			256,022	2,039,240	4,712,531	
Relative Payments	6,759,363	8,284,775	9,425,397	7,822,124	9,474,083	40%
<b>Total</b>	<b>512,195,587</b>	<b>554,264,153</b>	<b>575,657,892</b>	<b>583,648,839</b>	<b>590,146,783</b>	<b>15%</b>

Foster care payments in the above table and chart include only the payments made to foster families, not the CPS staff that manage the program. From 2011 to 2013, the amount of Foster Care payments increased by 6% (Figure 36). This reflects the increase in the number of Foster children, as shown in Table 19. Comparing total Foster Care payments to the number of Foster care children for 2012 reveals that CPS invests \$23,734 per child in direct payments<sup>60</sup>. This does not account for the fact that many of the children in the total were not in care during the entire year.

Figure 36 - Foster Care Subsidies 2009-2013



<sup>59</sup> TSG analysis of a data extract provided by CPS

<sup>60</sup> \$371 million in Foster Care only (no Kinship) divided by 16,095 children in Foster Care = \$23,046 per child.

Table 19 - Texas Foster and Non-Foster Child Population 2009-2013<sup>61</sup>

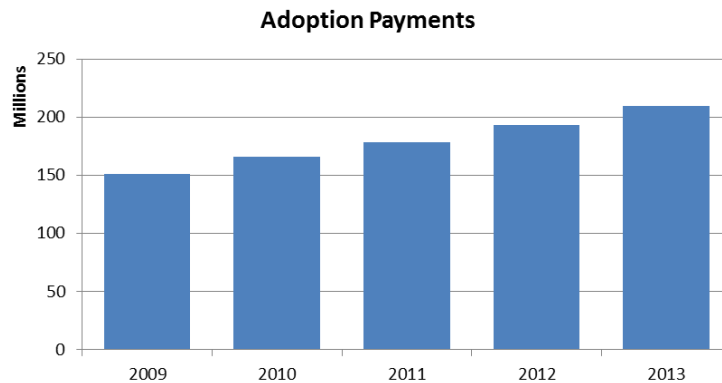
	# Children
2009	15,402
2010	16,422
2011	16,596
2012	16,095

A noteworthy change in Foster Care is the creation of new Foster, Kinship and Adoption units in 2010. We note that with the creation of these new units, Foster Care payments decreased slightly (Figure 36, above), while Adoption increased significantly (Figure 37, below).

**Adoption**

Adoption payments increased 38% in the period 2009-2013. This includes direct subsidy payments to agencies that pay adoptive families. Figure 37 show that these subsidies increased 35% in five years.

Figure 37 - Adoption Payments 2009-2013<sup>62</sup>



**Purchased Services**

Table 20 shows that most of the amounts in Purchased Services directly support the Adoption, Foster Care and Kinship programs. Figure 38 shows that after increasing 15% 2009 to 2010, the category experienced declined \$27 million (25%) over the next 2 years. Then, they increased again in 2013.

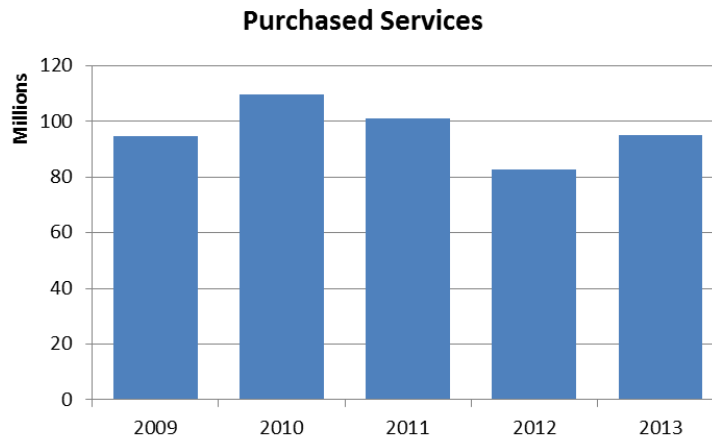
<sup>61</sup> Source: 2012 Annual Report and Data Book, Texas Department of Family and Protective Services, p. 56

<sup>62</sup> TSG analysis of a data extract provided by CPS

Table 20 - Purchased Services 2009-2013<sup>63</sup>

<b>Purchased Services</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>% Change</b>
TWC Protective Day Care Purchased Services	18,144,627	19,726,970	19,679,676	18,462,667	25,814,024	42%
Foster/Adoption - Child Welfare Services	18,838,989	20,723,213	16,752,116	11,384,775	12,674,921	-33%
TWC Foster Day Care Purchased Services	8,951,238	11,091,296	12,592,961	11,714,657	12,364,149	38%
TWC Relative Day Care Purchased Services	6,716,356	8,135,808	9,922,846	9,049,095	9,531,907	42%
Adoption Purchased Services	7,701,303	7,389,321	7,911,522	6,360,491	7,149,848	-7%
Preparation for Adult Living (PAL) Purchased Services	5,824,833	6,043,976	6,032,953	5,329,456	5,499,999	-6%
In-Home - Child Welfare Services	10,885,130	12,947,023	8,263,991	4,678,505	5,483,120	-50%
PAL Education Training Voucher Program	2,056,801	2,139,881	2,912,785	3,464,026	3,265,710	59%
Preparation for Adult Living Staff	1,666,769	2,049,614	2,742,092	2,848,366	2,868,597	72%
Post-Adoption Purchased Services	3,854,760	4,081,854	4,088,240	2,448,817	2,639,033	-32%
Relative Caregiver Home Assessments	2,906,251	3,972,751	2,131,866	1,312,620	2,491,971	-14%
Intensive Family Based - Child Welfare Services	3,154,702	6,136,325	2,804,577	1,886,731	2,006,393	-36%
All Other CPS Purchased Services	2,535,034	2,754,283	2,932,148	2,272,712	1,727,608	-32%
Substance Abuse Purchased Services	1,379,232	2,456,526	2,135,882	1,532,918	1,539,949	12%
Temporary Substitute Care	52,297	47,893	54,144	41,376	33,804	-35%
<b>Total Purchased Services</b>	<b>94,668,324</b>	<b>109,696,734</b>	<b>100,957,802</b>	<b>82,787,212</b>	<b>95,091,034</b>	<b>0%</b>

Figure 38 - Purchased Services 2009-2013



### Personnel Costs

CPS personnel costs are 90% in the Regions, as shown in Table 21. Regional employees are paid largely straight time, with only 4% overtime. This is partly as a result of the “comp time” policy. One time merit increases are used to reward special performance in the field—these amount to less than 1% of compensation—hardly a huge incentive. Oddly, Regions are charged with IT Recruiting & Retention Bonus, although IT staff is centrally located (this also amounts to less than 1% of personnel costs.) State-wide employee compensation includes health insurance

<sup>63</sup> TSG analysis of a data extract provided by CPS



contribution and benefit replacement pay. This is a hold-over related to a change in benefits several years ago.

Table 21 - Personnel Expenditures 2009-2013<sup>64</sup>

	Regional		State-wide		Total
	Amount	Percent	Amount	Percent	
Reg Pay-Class&Non-Cls Perm FT	262,921,224	90%	27,120,524	85%	290,041,748
Overtime Pay	11,210,873	4%	194,101	1%	11,404,974
Emoluments & Allowances	10,205,359	4%	265,912	1%	10,471,270
Longevity Pay	5,773,400	2%	834,960	3%	6,608,360
PR Health Insur Contribution	0	0%	2,379,013	7%	2,379,013
Benefit Replacement Pay	0	0%	942,620	3%	942,620
One-Time Merit Increase	623,601	0%	83,989	0%	707,590
Reg Pay-Class&Non-Cls Perm PT	145,955	0%	33,071	0%	179,026
IT Recruitment&Retention Bonus	162,392	0%	0	0%	162,392
Empl Retirement-Other Empl Exp	49,647	0%	24,823	0%	74,470
Reg Pay-Class&N/C-NonPerm FT	0	0%	11,801	0%	11,801
SWI Shift Differential	-278	0%	0	0%	-278
<b>Total</b>	<b>291,092,173</b>	<b>100%</b>	<b>31,890,813</b>	<b>100%</b>	<b>322,982,986</b>
Percent of Personnel Costs	90%		10%		100%

### Travel

Travel expenditures are shown in Table 22. CPS travels for two main purposes: related to serving children and for training. Table 22 shows the 2013 travel broken down in these groups. Travel in support of children is largely mileage paid to CPS workers. The State pays the current IRS-approved reimbursement rate. In 2013, that was \$0.565<sup>65</sup> per mile. Thus, CPS paid for about 49 million miles<sup>66</sup> in 2013.

Table 22 - Travel Expenditures, 2009-2013<sup>67</sup>

	2009	2010	2011	2012	2013
Mileage	28,123,260	27,037,473	24,613,821	24,210,379	27,395,150
Auto Rental	3,248,510	3,304,178	3,254,340	3,424,091	3,799,331
Meals, Lodging & Incidental	2,237,570	2,300,981	2,514,101	2,685,897	2,701,878
Training travel	3,150,981	2,953,722	2,832,167	2,978,811	2,989,828
<b>Total</b>	<b>36,760,322</b>	<b>35,596,354</b>	<b>33,214,429</b>	<b>33,299,178</b>	<b>36,886,187</b>

The category identified as “Auto Rental” in Table 22 is identified in the CPS books as “Public Transportation”—Budget explained that this is actually rental cars.

<sup>64</sup> TSG analysis of a data extract provided by CPS

<sup>65</sup> <http://www.irs.gov/uac/Newsroom/2013-Standard-Mileage-Rates-Up-1-Cent-per-Mile-for-Business,-Medical-and-Moving>

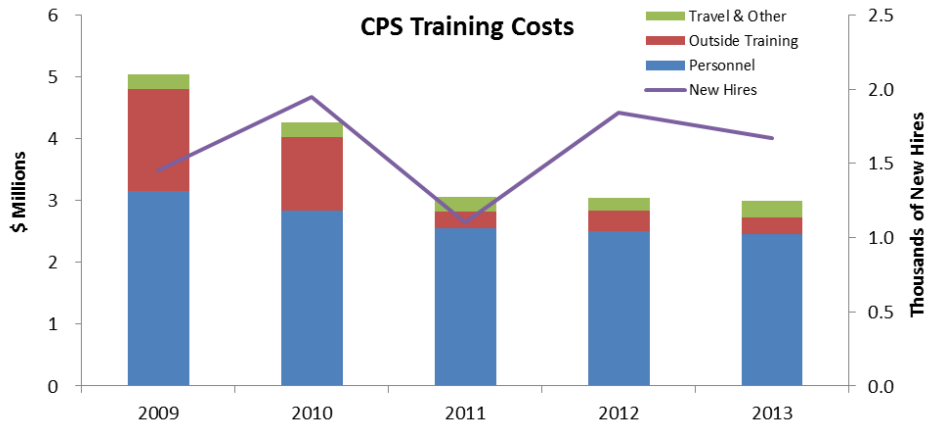
<sup>66</sup> \$27,395,150 / \$0.565 per mile = 48,486,991 miles

<sup>67</sup> TSG analysis of a data extract provided by CPS

**Training**

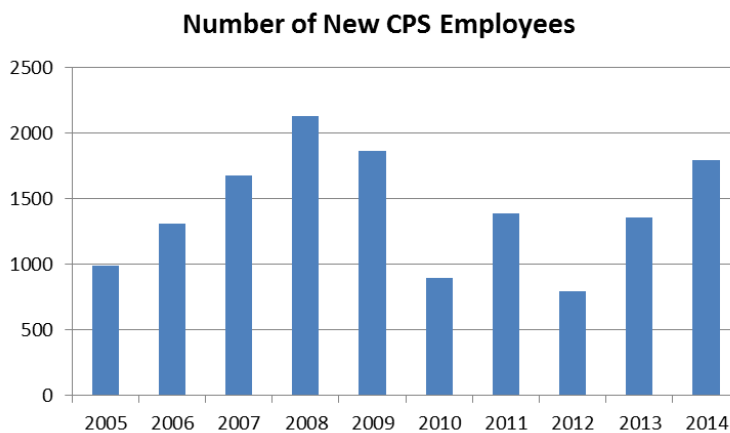
Training expenditures are shown in Figure 39. These amounts include the training travel described in the Travel assessment.

Figure 39 - Training Expenses Compared to New Hires



Training is largely related to new employees, who participate in a 6-week BSD training program. CPS data warehouse shows the hire dates for each employee—which allows TSG to understand the level of new employees. Figure 40 shows the number of employees with less than one year since last hire date.

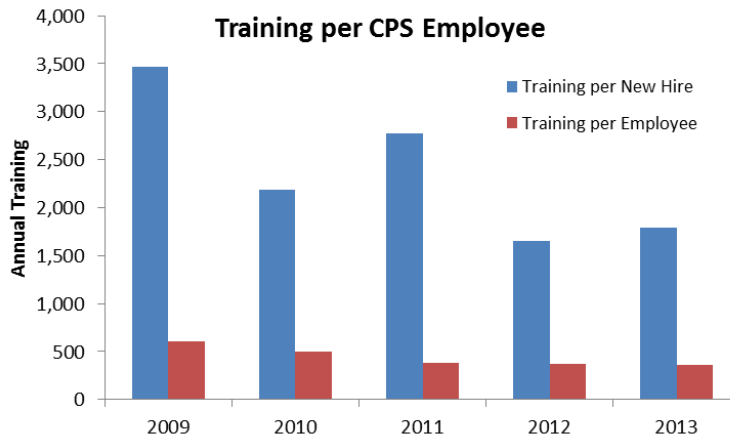
Figure 40 - Employees with less than One Year Since First Hired<sup>68</sup>



<sup>68</sup> TSG analysis of a data extract provided by CPS

The variation in the number of new employees over the years should correspond with similar variations in total training costs, if the cost per employee is constant. However, this does not seem to be the case, as shown in Figure 40.. Figure 41 shows that the cost per new employee has declined from \$3,500 to \$2,000 since 2009.

Figure 41 - CPS Training Cost per Employee<sup>69</sup>



These swings suggest that CPS treats its training costs as fixed costs-not varying them by level of new hires. Note that the costs included are for travel, labor and contractors, not fixed-cost training facilities. These costs do not include any imputed costs for the time supervisors or caseworkers devote informally to training.

### Chart of Accounts

As does every Accounting function, DFPS Budget office has a list of accounts that it charges expenditures to. The purpose of a chart of accounts is to provide appropriate “buckets” for costs to facilitate later analysis.

The chart of accounts divides expenditures by “strategy” and “sub-strategy”. The main functions of CPS activity were not obvious from a review of the chart of accounts

The accounts divide some areas into great detail, and others into less detail—to the effect that DFPS leadership has uneven visibility into expenditure by type. DFPS books are divided into 263 sub-strategies. For example, the sub-strategy “Adoption Subsidies” accounts for \$162 million or 16% of CPS total 2013 expenditures.

<sup>69</sup> TSG analysis of a data extract provided by CPS

DFPS has 65 sub-strategies with annual expenditures (2013) greater than \$1 million. On the other hand, 34 had sub-strategies record less than \$1,000 per year. This misalignment of spending and sub-strategy structure makes it more difficult for CPS to monitor spending. Analysts can see that CPS spends \$538 on “Adoptive Home Study Non-Client” in 2013, but the sub-strategy structure masks the details of major expenditure items.

In addition to sub-strategies, DFPS has accounts. Budget reports that this account structure is prescribed by the State Budget Office. As with all charts of accounts, DFPS’ is structured logically. For example, the “70” accounts relate to personnel costs.

However, CPS uses the 72 and 73 accounts to record a variety of unrelated expenditures. The 72 accounts include a mix of field training, computer programming, forensic medical consulting and interpreters, and many more unrelated items. DFPS staff told TSG that this category includes “professional services”. That may simply not be a useful adaptation of the State account structure, as it is hard to conduct business analysis if management consulting, bank fees, court costs, interpreter services and printing services are lumped together into the same account group.

Likewise, the 73 accounts include computer equipment, air transportation for children, and medical supplies, to name a few unrelated items (Table 23). This is important because it creates a data environment that limits DFPS’ ability to conduct analysis of account balances—which is normally enabled by the account structure.

Table 23 - Mixed Account Structure<sup>70</sup>

Accounts "72"		Accounts "73"	
	2013		2013
Train-Uni Fld Plcmt75%Dir/Cert	3,003,323	Wards-Air Transport Charge	1,099,978
Computer Programming Services	1,729,318	Comp Equip-<\$5000/Unit-Exp	672,140
CPS Forensic Med Consultation	1,584,793	Medical Supplies	150,001
Interpreter Services	1,445,495	Wards-Burial Services	142,812
Investigation Expenses	1,252,486	Furnishings/Equipment-Expensed	125,216
Train-Uni Fld Plmt-50%Ind/Cert	853,838	Food Purch For Wards Of The St	119,738
Purchased Contracted Services	709,901	Office Supplies-General	103,473
Temporary Employment Agency	434,489	Computer Software-Expensed	59,245
HHSC Monthly Billing - ITV	428,965	Books/Prerecorded Ref Mat-Exp	26,322
Repro & Printing Services	428,075	Wards-Sv-Tickets,Ent,Trng,Out	16,468
ETV Contract Program Admin	399,567	Vol-(Non Bd)Trav Reimb-Wards	14,219
Reg Fee-Employee Trng	352,497	Promotional Items (Restricted)	10,169
Train-Univ Stipend 75% Dir/Cer	348,408	Services-Wards Of The State	9,183
Prof Svcs-Other	206,513	Wards - Ground Transportation	4,989
Fees and Other Charges	155,589	Parts-Computer Equip-Expensed	4,461
Consultant Services-Other	102,000	Comp Equip-<\$5000-Ctrl,Exp	1,529
Prof Svcs-Expert Witness	86,803	Equip-<\$5000-Control,Exp	1,394
Communication Services	60,785	Wards-Tmp Ovrnite Stay-Lodging	251
Prof Svcs-Educational	49,443	Food Purchased by the State	112
Medical Services	34,226	Supplies/Materials - Hardware	1
Advertising Services	27,393		
Court Costs	24,525		
Child Abuse-Phy Exam Chgs	23,604		
Witness Fees & Allow-Criminal	22,808		
Freight/Delivery Service	13,222		
Physical Exam (SIJS)	13,066		
Maint & Rep-Comp Software	12,191		
Publications	11,649		
AgriLife FFY Qtr3	8,581		
ProfSvcs-Mediation &/or 100%St	8,300		
AgriLife FFY Qtr4	7,183		
AgriLife FFY Qtr1	6,617		
AgriLife FFY Qtr2	5,038		
Training Exp Other - Non-Emp	4,896		
Awards (List Type & Name)	4,857		
Maint & Repair-Buildings	1,975		
Medical Transportation	1,954		
Office Relocation	1,753		
AgriLife Ind Rate FFY Qtr3	1,563		
AgriLife Ind Rate FFY Qtr4	1,315		
AgriLife Ind Rate FFY Qtr1	1,200		
AgriLife Ind Rate FFY Qtr2	913		
Judgmts&Settlements-100% State	850		
Locksmith Svc-Labr & Keys	799		
Maint & Repair-Computer Equip	600		
Postal Services (Meter)	552		
Membership Fees(ExecDir Apr4)	365		
Cleaning Services	290		
Filing Fees-Documents	246		
Purch Contr Svc-Local Exp Trf	75		
Prof Svcs-Legal (Req Ag Aprv)	36		
Purch Contr Svc-Start Up Cost	0		

Accounts are also divided by a regional structure (Departments). This is decidedly overhead-focused. Of the 33 regions shown in Table 24, 22 related to overhead (i.e., state-wide) functions

<sup>70</sup> TSG analysis of a data extract provided by CPS

and 11 to regional operations. This is significant since only \$32 million of CPS personnel expenditures were in the 22 state-wide functions, while \$291 million of personnel costs are in the 11 regions. Again, the chart of accounts seems to be structured for a purpose different from management analysis of the numbers.

Table 24 - Personnel Expenditures by Department<sup>71</sup>

Departments	2013
Arlington	66,617,399
Houston	59,866,486
San Antonio	39,468,478
Austin	33,302,873
Edinburg	29,142,562
Tyler	14,879,001
Lubbock	11,050,800
Abilene	9,771,171
Beaumont	9,701,474
Midland	8,713,166
El Paso	8,578,762
Regional	291,092,173
Art IX ERS Contribution (1%)	2,379,529
Assistant Commissioner - CPS	697,771
Background Checks	49,118
Benefit Replacement	942,876
Budget	372,340
Contract Performance	236,511
CPS Investigations	6,661,363
CPS Permanency and Conservators	1,002,310
CPS Placement and FAD	1,448,839
CPS Regional Operations	258,733
CPS Services	2,779,885
Ctr for Learning & Org Excellence	2,448,501
Information Resource Management	60,241
Legal Regional Staff	5,386,153
Legal Services	599,240
Management Support/Operations	1,501,804
Policy Analyst Division	52,710
Procurement	487,327
Program Support	683,137
Purchased Client Services	127,040
Regional Contract Management	2,266,488
Residential & Statewide CPS Contr	1,448,897
State-wide	31,890,813
Total Personnel	322,982,986

<sup>71</sup> TSG analysis of a data extract provided by CPS

## Capital Expenditures

CPS was not able to report the following capital expenditures separately from DFPS. Accordingly, the following analysis reports on capital expenditures for the whole of DFPS. Over the past 5 years, this has summed to \$113 million. Table 25, Figures 42 and 43 show how these amounts were invested. The largest capital expenditure has been Mobility. This totals \$38 million over 5 years. This has outfitted the caseworkers with tablets, printers, software and the like. Capital expenditures are almost entirely for computer-related items.

While capital expenditures are not typically reported as part of the monthly budget report, failing to do so ignores an important element of cost. For example, over 5 years, DFPS has spent \$10,700 per employee<sup>72</sup> on computer-related hardware and software. Of that, Mobility is the largest share. Dividing the total Mobility expenditure by the current number of caseworkers suggests an investment per caseworker of \$5,500<sup>73</sup>. TSG found no evidence that DFPS considers the total cost when conducting a post-mortem on investments such as Mobility. We found no one who had evaluated whether the investment provides a net pay back.

Table 25 - Capital Expenditures

	2009	2010	2011	2012	2013	5 Year
Mobility	8,911,616	7,259,152	11,368,370	4,666,592	6,067,013	38,272,743
Data Center and Facilities	5,111,233	2,958,738	3,597,642	2,670,412	2,496,710	16,834,735
IMPACT	2,649,956	2,901,578	4,151,707	251,140	2,319,326	12,273,707
Desktop	4,130,725	4,354,838	4,072,179	3,873,117	4,509,159	20,940,018
Messaging and Telecom		2,090,615	1,334,062			3,424,677
Other	2,490,857	6,179,160	7,165,792	2,923,830	3,409,389	22,169,028
Total	23,294,387	25,744,081	31,689,752	14,385,091	18,801,597	113,914,908

<sup>72</sup> According to a report CPS provided to the Sunset Review, the total number of DFPS employees was 10,649 at the end of 2013. Thus, \$113.9 million / 10,700 = 10,696

<sup>73</sup> According to a report CPS provided to the Sunset Review, the total number of DFPS caseworkers and supervisors was 6,975 at the end of 2013. Thus, \$38 million / 6,975 = 5,487

Figure 42 - Capital Expenditures 2009-2013

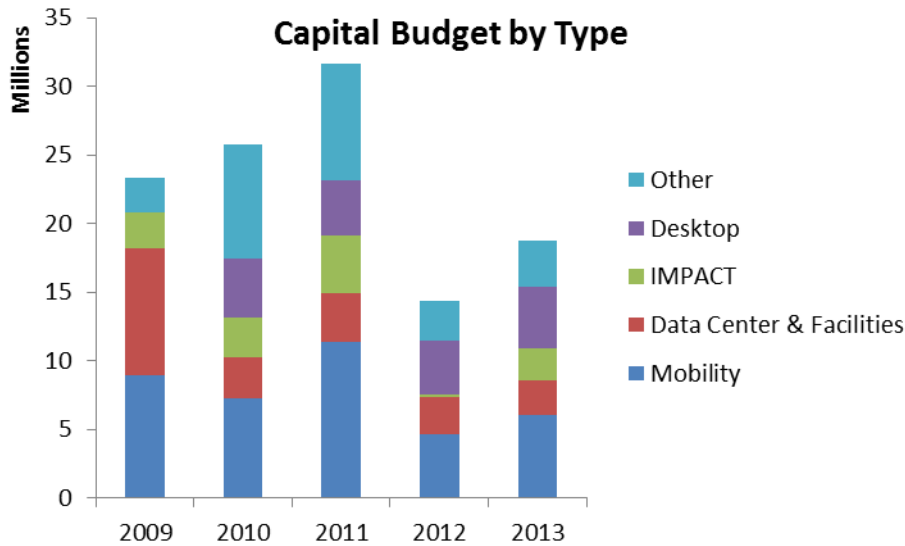
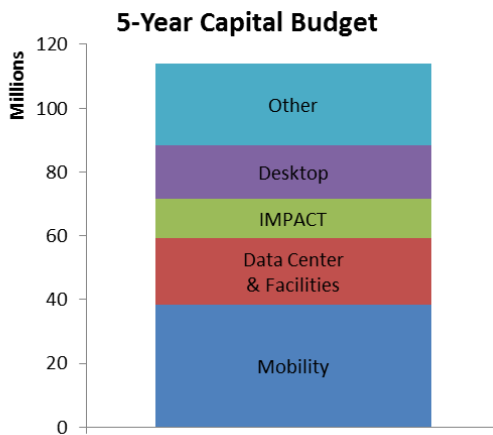


Figure 43 - Total 5-Year Capital Budget



### Case Data

CPS' MRS gathers case data from IMPACT into its data warehouse. This allowed MRS to provide data about each case that has closed since 2009. TSG used this data to review details about case trends and closures.

Overall, case data reveals



- Investigations and FBSS cases are closed faster in 2013 than they were in 2009
- A smaller percent of cases are closed from investigation into FBSS in 2013 compared to 2009
- Investigations that close into FBSS take longer in 2013 than they did in 2009
- There is a clear trend for investigations to be closed at 60 days. These cases average only about 12 hours<sup>74</sup> of caseworker time, yet they are held open for an average of 60 days. This raises the question of whether they could have been closed earlier through more time-conscious process. Also, many investigations remain open for more than 3 months.
- In the field work, Investigators told TSG that they were typically assigned 5 cases per week. However, the data suggests that 92% of the time caseworkers complete fewer than 15 cases per month and 70% fewer than 10.
- Investigations that lead to removal require between 60 and 80 days before closing, largely unchanged from 2009
- CPS opens and closes fewer FBSS cases than it did 5 years ago
- Removals out of FBSS are happening more quickly than 5 years ago (although removals during an investigation have the same duration as in 2009)

## Investigations

Investigations require on average 63.7 days to close. The evidence suggests that this is driven more by a deadline than by the underlying facts of the case. This average is down from 65.5 days in 2009. This suggests that caseworkers are working cases faster. Notwithstanding, many cases still take months to close, with 10% of all investigations requiring more than 106 days and some cases staying open 6 months.

The data suggests that overall the time to close an investigation has declined. However, that masks that the time to close cases “not opened for services” has declined while the time to open an FBSS case or do a removal have increased. This is a positive finding in one sense: when there is a requirement for services, CPS is taking action more quickly. On the other hand, in the situations that end in closure with no services, CPS is staying engaged with the family longer.

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<sup>74</sup> 173 regular work hours per month divided by 10-15 median case closures per month

**Profile of Investigations by Closure Reason**

CPS closed 167,403 Investigation cases in 2013. Figure 44 and Table 26 show that 79% of the 167,403 investigations resulted in an FBSS case (‘not opened for service’<sup>75</sup>). Note that only 5% of cases resulted in removal of one or more children.

Figure 44 - 2013 Investigations by closure reason<sup>76</sup>

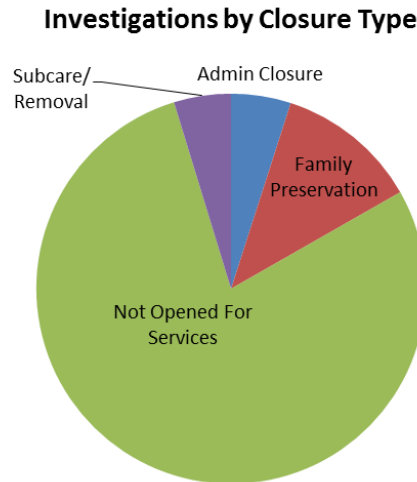


Table 26 - Investigations by closure reason

	2009 Investigations		2013 Investigations	
	Number	Percent	Number	Percent
Admin Closure	10,474	6%	8,301	5%
Family Preservation	24,280	14%	19,756	12%
Not Opened For Services	135,867	77%	131,412	79%
Subcare Removal	6,134	3%	7,934	5%
<b>Total</b>	<b>176,755</b>	<b>100%</b>	<b>167,403</b>	<b>100%</b>

**Timing of Investigation Closures**

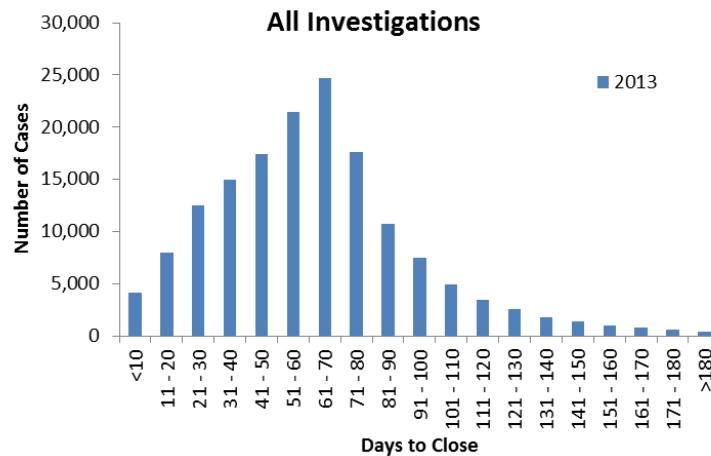
It is important to close cases in a timely manner for two reasons: to meet regulations and to limit unwarranted family disruption. The time required to close cases is shown in Figure 45. It shows that there is a wide distribution of time to close, with the mode (middle) at 63 days. Note the

<sup>75</sup> This term means an investigation did not lead to an FBSS cases through which services are provided to the family

<sup>76</sup> TSG analysis of CPS data provided by MRS

“long tail” of time to complete—CPS had investigations in 2013 that took more than 180 days to complete. Note the spike at 60 days, the deadline for completing. Note also that the number of cases completed in each group of 10 days (x-axis) builds linearly to the peak. This suggests that investigators close cases at an increasing rate through the first 60 days—each 10 days they close investigations at a higher rate. There are bottlenecks in the process where investigators must wait for information or lab results back from third parties, and there are significant delays introduced with turnover of personnel. When an investigator leaves, the open investigation is reassigned to another person who may have to duplicate many of the steps taken by the departed worker. CPS leadership does not adequate reporting to allow them to see the reasons why a case has not been closed and take appropriate actions.

Figure 45 - Histogram of days to complete investigations – 2013



TSG found that cases are being closed faster in 2013 compared to 2009. Overall, investigations are closed faster now than 5 years ago. Table 27 shows that the average close time has dropped two days, and that the median (50<sup>th</sup> percentile) has dropped by three days (Table 27).

Table 27 - Average and median time to close investigations – 2009 and 2013

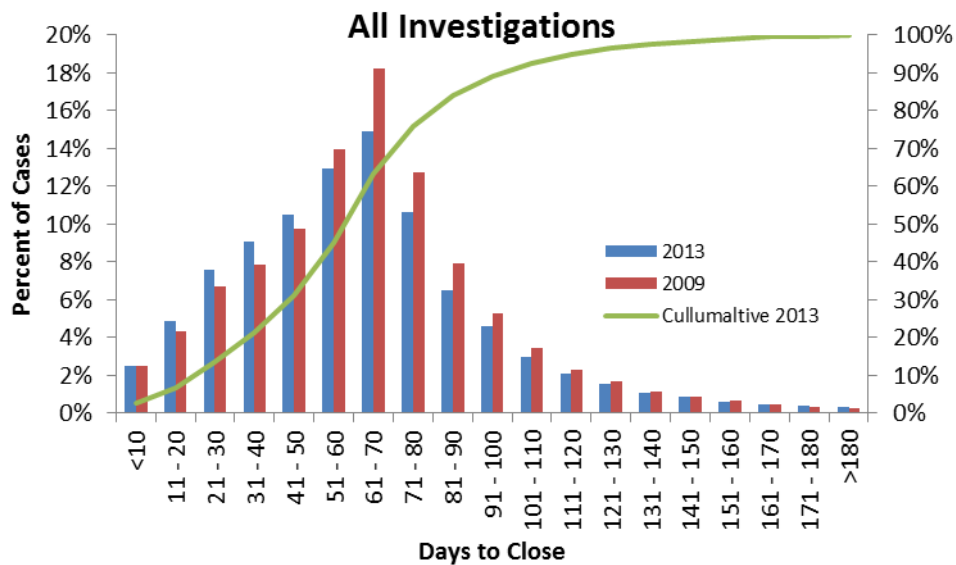
	2009	2013
Median	63	60
Average	65.5	63.7
Mode	63	63

The data suggest that cases are being closed to meet a deadline rather than in response to the family situation. That the median (50% percentile) is nearly the same as the average tells us that

the distribution of time to close is about the same on both sides of 60 days—as can be seen from the histogram in Figure 45, above. There are two possible explanations for this. One is that there is something intrinsic about families in need that says it takes 60 days to assess and develop an action plan. The other is that caseworkers are working to a 60 day deadline without special regard for the needs of the situation. The facts suggest the latter—that case closures are driven by due date and not by the underlying facts of the case.

The decrease in days to close seems to have been a result of less focus on due date as the driving factor to close. Figure 46 shows a lower “spike” at the 60 day due date—showing that cases are closures are spread more evenly. Thus, it seems that in 2013 caseworkers were less focused on the official dateline than in 2009. On the other hand, we see that the range (tail) of close dates is just as long as 2009, with only 10% of investigations completed within the first 3 weeks (21 days). Also, we see that fully 10% of all investigations take longer than 106 days to close.

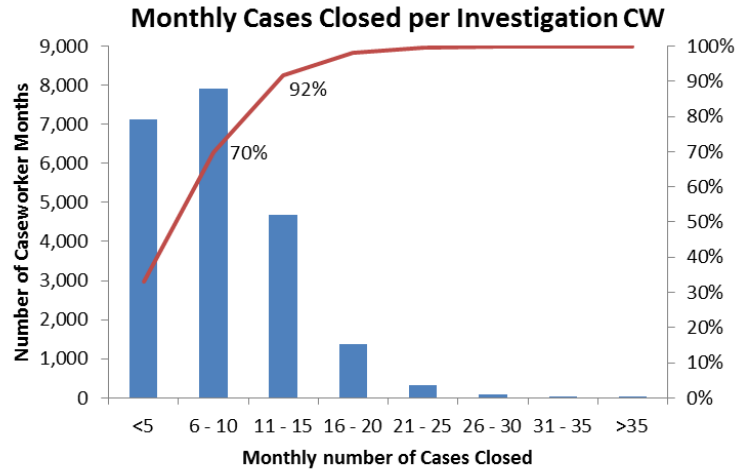
Figure 46 - Histogram of investigations percent by day – 2009 & 2013



### Monthly Case Loads

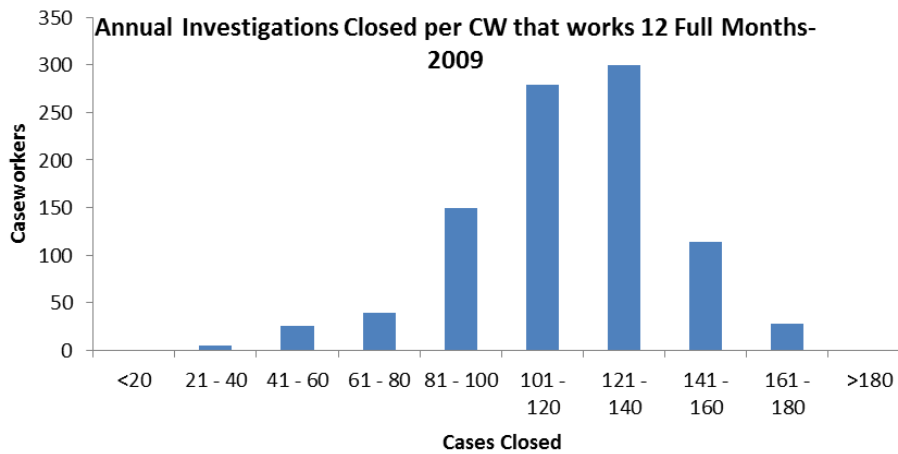
The data shows that Investigators typically close about 10 cases per month, which agrees with the data in the 2013 Data Book. Figure 47 shows that in 72% of all the investigator months over the past 5 years, fewer than 10 cases were closed. Likewise, 92% of all investigator months involved closing fewer than 15 cases.

Figure 47 - Cases Closed by Month by Caseworker



This carries through to annual investigations closed. Figure 48 shows that most investigators that work a full year complete between 100 and 140 cases per year. However, 62% of all caseworkers are outside that range, 23% complete fewer than 100 investigations.

Figure 48 - Annual Investigations Closed per Caseworker



**Investigations with case “not opened for services”**

Figure 49 shows that the case volume of “not opened for services” drives the total numbers—the average, mean and mode are nearly identical to other case types.

Figure 49 - Histogram of days to complete investigations “not opened for services” – 2009 & 2013

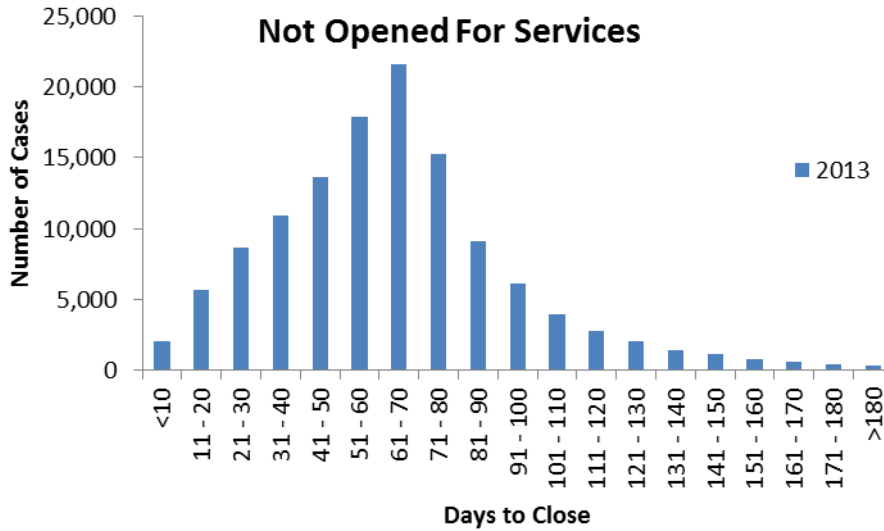
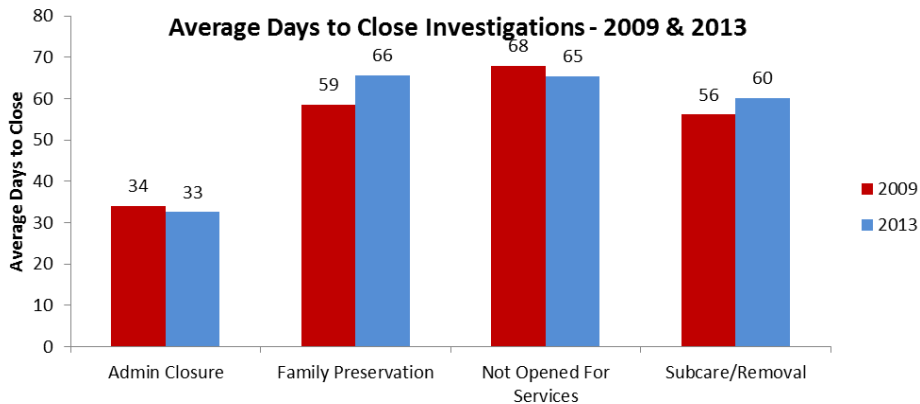


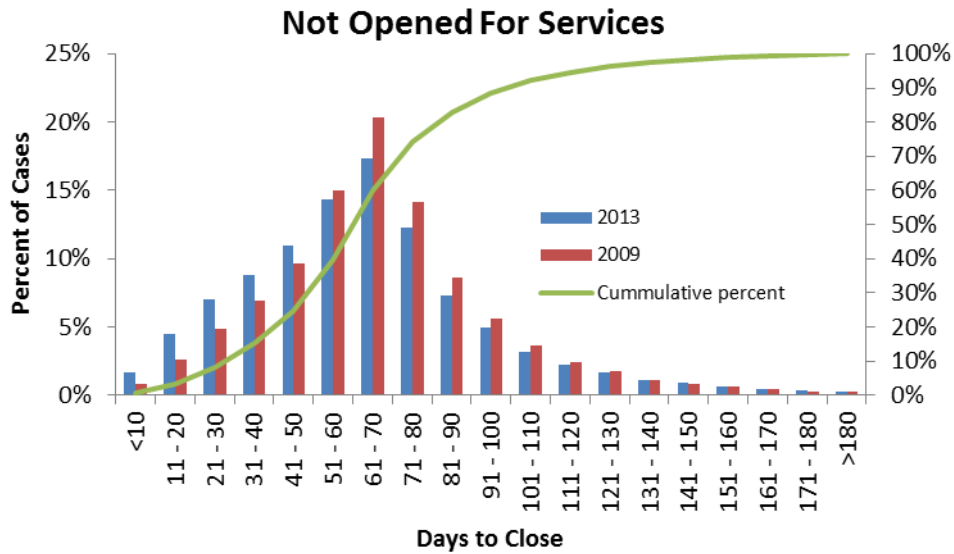
Table 50 shows that the average time to close a case has increased for cases transferred to FBSS and CVS.

Figure 50 - Average time to close a case – by closure type



The overall story about reduced time to close is also borne out in the “not opened for services” category. Figure 51 shows that while cases that lead to closure without opening services are being closed more quickly, each other type of case is taking longer to close.

Figure 51 - Histogram of investigations “not opened for services” percent by day

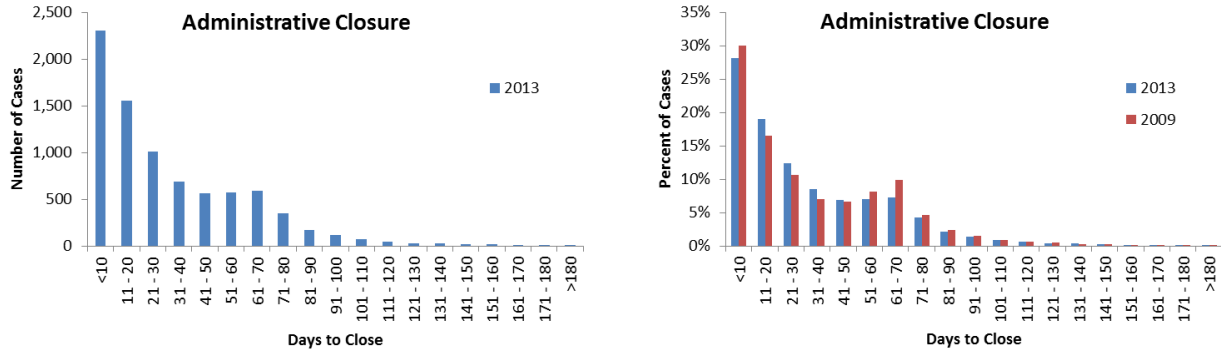


**Administrative Closures**

Caseworkers close investigations for administrative reasons if two conditions are met: reasonable efforts to resolve the client’s problems have been exhausted, or alleged perpetrator is no longer in a position to perpetrate abuse<sup>77</sup>. Figure 52 shows that administrative closures happen much quicker than other cases. It shows that the time to complete a case with Administrative Closure has also decreased since 2009. It shows that the 60-day effect is much smaller for Administrative Closures. It also shows that there are cases that are completed with Administrative Closure 3 and 6 months after the initial report.

<sup>77</sup> See [https://www.dfps.state.tx.us/handbooks/APS/Files/APS\\_pg\\_2800.asp](https://www.dfps.state.tx.us/handbooks/APS/Files/APS_pg_2800.asp)

Figure 52 - Administrative closures – 2009 & 2013

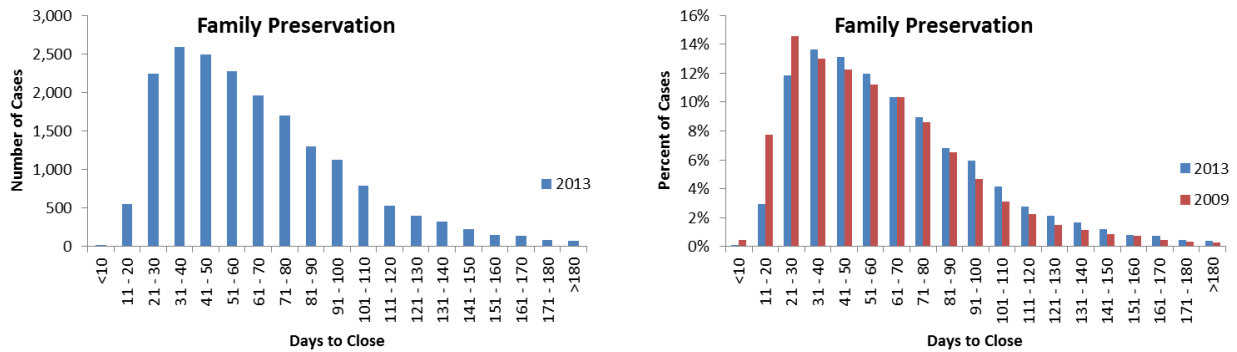


*Investigations that lead to FBSS cases*

Investigations that lead to FBSS transfer are taking longer and are less frequent compared to five years ago.

When a case is transferred to FBSS that generally happens between 30 and 120 days from initial report. Table 27 (beginning of section) shows that the portion of cases that are transferred to FBSS has declined from 14% to 12%. Figure 53 shows that of the 19,756 investigations transferred to FBSS, few are transferred before the 30<sup>th</sup> day after report and nearly all by 4 months. Unfortunately, Figure 53 (right side) also shows that the time to transfer has increased since 2009. Average time to transfer a case is increased from 50 days in 2009 to 66 days in 2013. This can be seen graphically in Figure 53 (right) by the taller red lines before 40 days. Note that the x-axis is labeled “Days to Close” since the focus is on closing the investigation.

Figure 53 - Investigations transferred to FBSS – 2009-2103

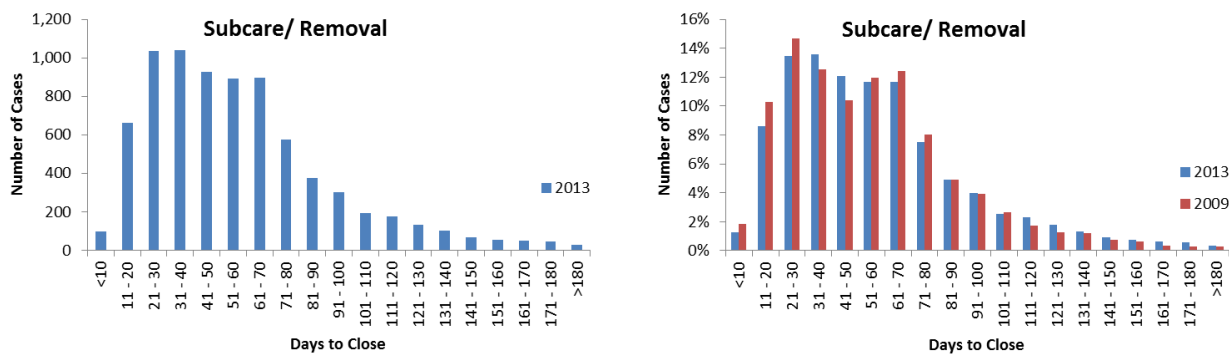




**Investigations that lead to Removal**

In 2013, 7,934 investigations led to removal, up from 3% in 2009 to 5% in 2013. Figure 54 shows that the time required to close a removal case is usually between 11 and 80 days. Note that many cases take 4-6 months before there is a removal. The average time to remove is also increasing in 2013 (60 days) compared to 2009 (56 days).

Figure 54 - Subcare/Removal – 2009-2013



**Family Based Services - FBSS**

As shown above, around 20,000 cases per year are transferred from Investigation to FBSS. Table 28 shows that in 2009 FBSS closed 23,280 cases of which the bulk (79.5%) were closed because the caseworker assessed reduced risk sufficient to step away from the family. The number of cases closed in 2012 is considerably smaller, as depicted in Figure 55. The percentage of cases by close type remained about the same 2009 to 2013<sup>78</sup>.

Note that many 2013 cases are not closed as of the Assessment. This is to be expected with FBSS cases. According, for comparison TSG used 2102 instead.

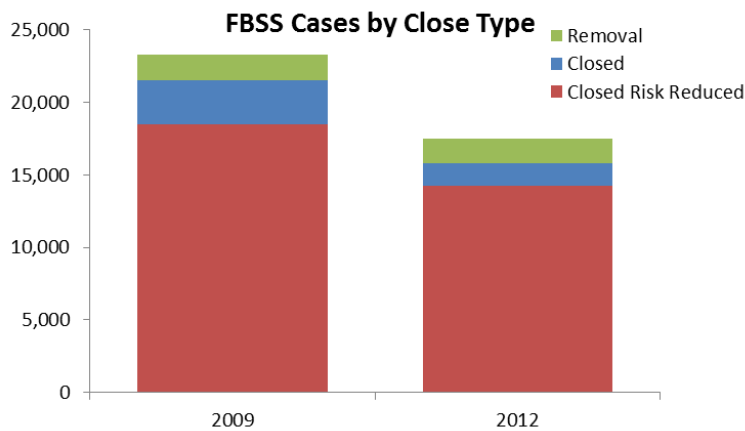
Table 28 - FBSS Cases Closed 2009, 2012 & 2013

2009		2012		2013	
Count	%	Count	%	Count	%

<sup>78</sup> Note that the number of cases not closed increases through the years. This is not a trend, it is simply that these cases are still open, where there were no cases from 2009 still open at the time of the Assessment.

Closed	3,016	13.0%	1,505	8.5%	1,175	6.2%
Closed Risk Reduced	18,513	79.5%	14,264	80.3%	10,457	55.0%
Removal	1,747	7.5%	1,715	9.7%	1,184	6.2%
Not closed	4	0.0%	284	1.6%	6,209	32.6%
	<u>23,280</u>	<u>100.0%</u>	<u>17,768</u>	<u>100.0%</u>	<u>19,025</u>	<u>100.0%</u>

Figure 55 - FBSS Cases by Close Type – 2009-2012



Each year FBSS takes on about 20,000 cases and closes about the same number, as shown in Figure 56 and Table 29. It is noteworthy that 2011 saw about a 20% reduction in cases opened, although the number of cases closed remained about the normal level. Then, in 2012 both case opening and closures were at a substantially reduced level.

Figure 56 - FBSS Cases Opened and Closed

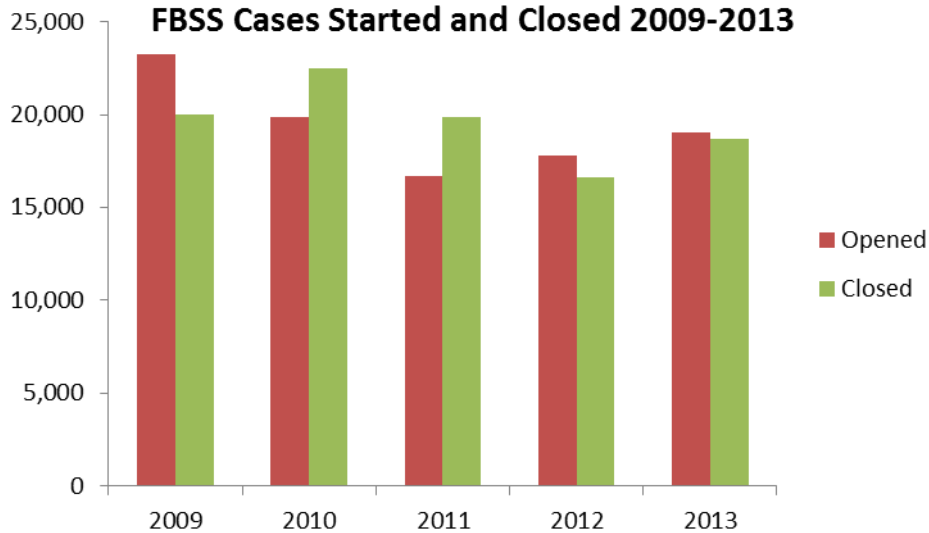


Table 29 - FBSS Cases Opened and Closed – 2009 - 2013

Year	Opened	Closed
2009	23,280	19,976
2010	19,857	22,477
2011	16,672	19,896
2012	17,768	16,631
2013	19,025	18,725

### *Time to Complete FBSS Cases*

TSG observed in the case closure data a surprising reduction in the time to complete an FBSS case. Figure 57 and Table 29 show that the time to close an FBSS case has decreased significantly since 2009. To assure that this is a trend and not a data aberration, TSG also compared to 2012, which closely resembles 2013. The data suggest that something has fundamentally changed between 2009 and 2013. Note that Figure reflects two important changes.

- The most frequent time to complete a case has declined from 190 days to 130 days
- The number of cases that take more than 9 months (tail) is dramatically less

Figure 57 - Days to Close FBSS Cases 2009 and 2013

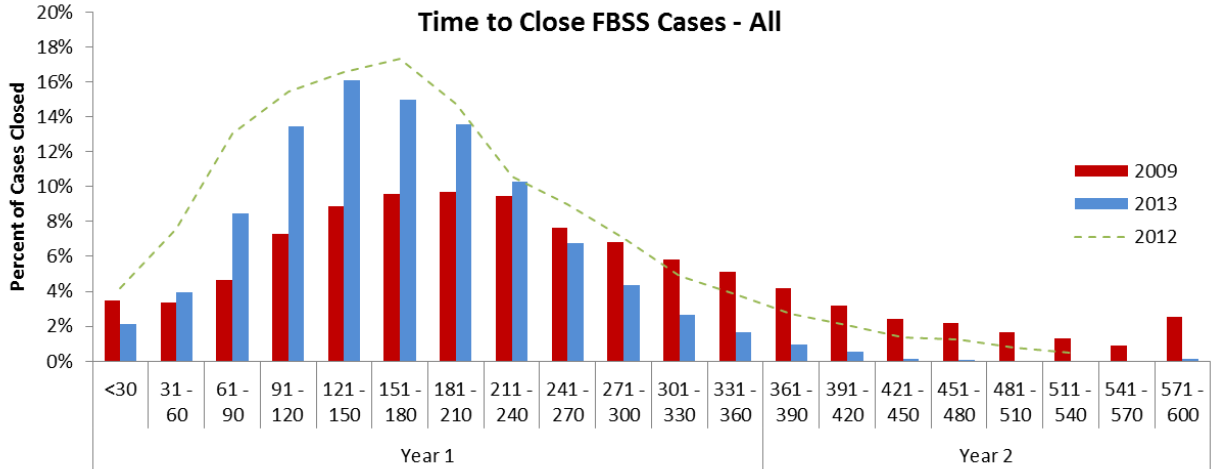
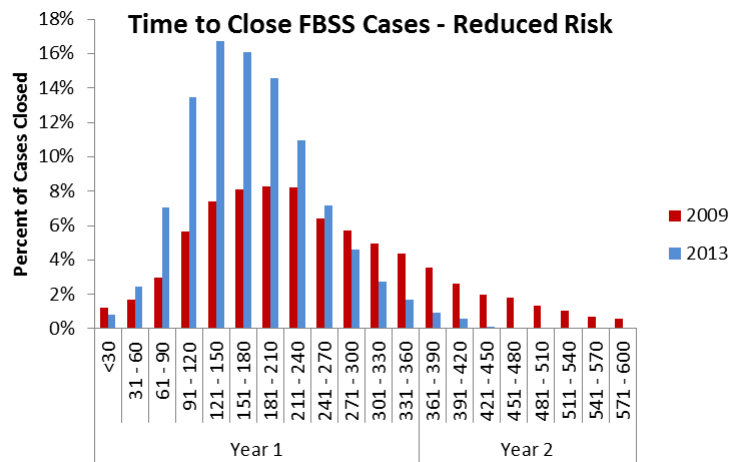


Table 30 - FBSS Average and Median Days to Close – 2009 & 2013

	2009	2013
Average	246	168
Median	220	161

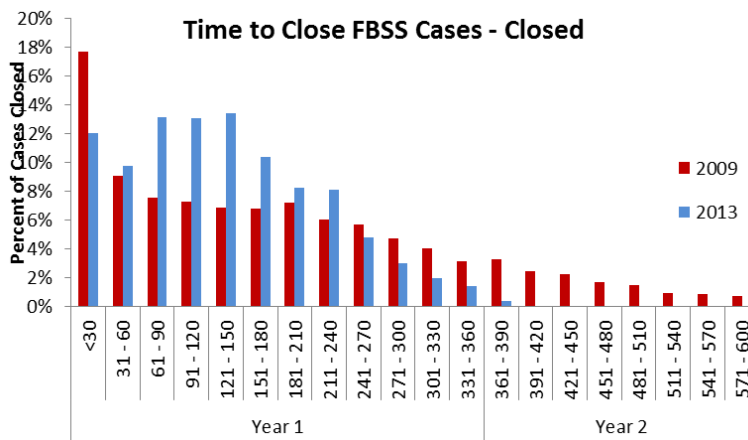
Days to case closure by closure type is shown in Figure 58 and resembles the overall trend. This type of close drives the total FBSS closures, since it accounts for 79% of FBSS closures.

Figure 58 - FBSS – Number of Days to Case Closure – Reduced Risk



When FBSS cases are closed without either a removal or a finding of reduced risk, then the pattern is very different when you compare 2013 to 2009 (Figure 59). Cases are now closed fairly evenly over a 6 month period—compared to 2009. In 2009 there was a sudden rush of closures, with the rest spread over 3 years. In 2013 while most cases took longer than a typical case in 2009, very few cases closed that were over 2years old. In other words, the case process has changed so that cases are closed in less than 1 year instead of staying open for 2 years as in 2009.

Figure 59 - FBSS – Number of Days to Case Closure – Closed Cases

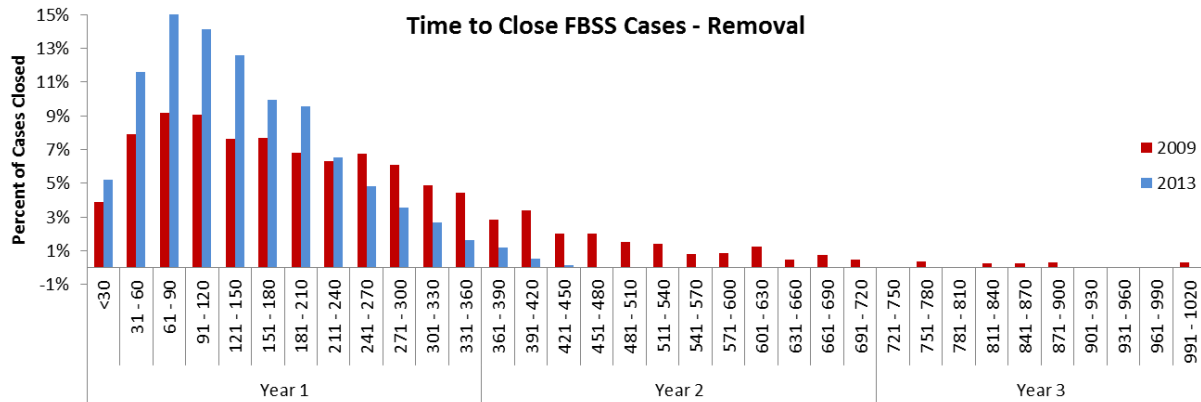


Removal from an FBSS case is also earlier in 2013 compared to 2009. In 2013, cases are closed on in half the time compared to 2009 (Table 31)

Table 31 - FBSS Case Closure Statistics – Removal

	2009	2013
Average	320	143
Median	280	128

Figure 60 - FBSS – Number of Days to Case Closure – Removal



## BUDGET PROCESS AT STATE OFFICE

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“CPS has too many levels of approval” – Survey Respondent

### Overview

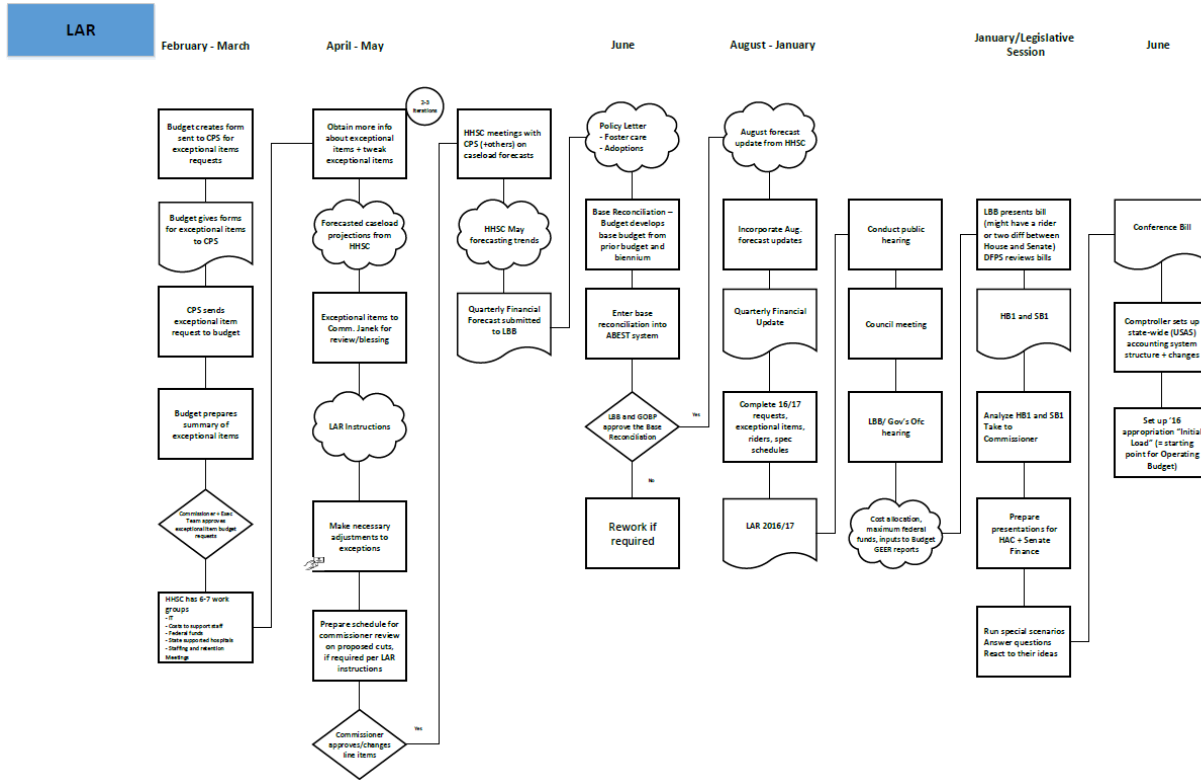
There are four financial processes that are key to funding the people and work done within CPS. These are the Legislative Appropriations Request (LAR) process, the creation of the annual operating budget, the monthly/quarterly/mid-year process for forecasting where CPS will be at the end of the fiscal year based on the current rate of spend, and lastly, the process for making a change to the budget mid-year. Together with DFPS leadership, we selected these process because the allocation of money between State Office and the regions, as well as the allocation of funds between regions has a profound impact on the way CPS is able to perform its mission. The flexibility in this process also drives how well CPS can respond to changes in the needs in a particular area.

### LAR

#### *Process Description*

The Legislative Budget Process includes the preparation for submitting a budget to the Legislature, the response to questions and changes the Legislature requires during their consideration of the budget, and the updates to the budget as a result of the final passage of the House and Senate bills. Figure 61 shows the high level view of the process.

Figure 61 - Legislative Appropriations Request Process



TSG explored with the DFPS Budget team the basic parameters guiding the legislative budget process. These are described in Table 32. The Basics elements are shown in Table 32:



Table 32 - Relationship between CPS and Legislative Budget Process

Overall Process Element	Legislative Budget Process
Customer	Primary: Legislature, Governor Federal Agency Taxpayers
Input	Last Year's Budget Exceptional items the Department wants to ask for
Output	General Appropriations Act
Customer value	Transparency with the Legislature on how DFPS spends its money and benefit to the taxpayers in the services provided to the adults and children of Texas
Timing	Spans most of the year
Key actors	Commissioner CFO DFPS leadership Budget Staff

The legislative budget process begins in February with Finance gathering inputs from the CPS leadership on any exceptional items that will be requested for funding. CPS leaders analyze their needs and provide information on the proposed funding levels they need for each exceptional item. DFPS budget staff prepares a summary of these requests to the Commissioner for prioritization and approval.

Meanwhile HHSC has several work groups that project certain cost categories for DFPS including IT, support staff, federal funds, State supported hospitals, impact of attrition, and meetings. For example, caseload forecasts are developed by HHSC, and are reported quarterly with fiscal implications to the LBB as part of LAR development

DFPS budget staff obtains more information on the items that the DFPS Commissioner supports for inclusion in the Legislative Request. They combine this information with the forecasts from HHSC on caseloads to present a complete budget picture. These are then forwarded to the HHSC Commissioner for review and approval.

At this point, LAR instructions have been received and the budget is adjusted to incorporate HHSC changes and LAR instruction changes. A schedule is then prepared for the Commissioner on any proposed budget cuts.

Once the Commissioner has approved the line items, HHSC meets with CPS and other groups within DFPS to finalize the caseload forecasts based on most recent information. HHSC updates the forecasts in May and the Quarterly Financial Forecast is submitted to the Legislative Budget Board (LBB).

By June, more input is available on policy for foster care, adoptions, and other key line items in the Budget. Budget now prepares the Base Reconciliation and enters this into the ABEST system. The LBB and Governor's Office now approve or request modifications to the Base Reconciliation. DFPS modifies the budget per any requested modifications.

By August, HHSC issues another forecast for workloads and DFPS Budget staff incorporates those August forecast updates into a Quarterly Financial Update. Budget staff then prepares the fiscal year requests, exceptional items, riders and special schedules to finalize the LAR for the upcoming fiscal year. A public hearing is conducted, council meeting, and LBB and Governor's Office hearings. Cost allocations, the maximum federal funds, and GEER reports are input.

DFPS then reviews the House and Senate bills and works with the LBB as they try to understand any differences in the bills. Budget staff takes the analysis of the House and Senate bills to the Commissioner. DFPS prepares for and presents to the House Appropriations Committee and the Senate Finance Committee. Budget staff runs any special scenarios as requested by these two committees. Once the House and Senate have a conference bill, the Comptroller updates the state-wide accounting system for the structure and changes to the Department budget. This "initial load" creates the starting point for the Department's Operating Budget.

### *Process Assessment*

#### **Transparency of Assumptions**

The detailed assumptions behind the funding requests are not always clear and transparent to DFPS and HHSC leadership as they review the budgets and to legislative staff and external stakeholders. As a result, it is hard to review and correct underlying assumptions that are out-of-date for the legislature so the budget line item can be corrected in a timely fashion. Thus, DFPS is sometimes perceived as not proactively sharing information regarding changes to the underlying assumptions.

**Forecasting Method**

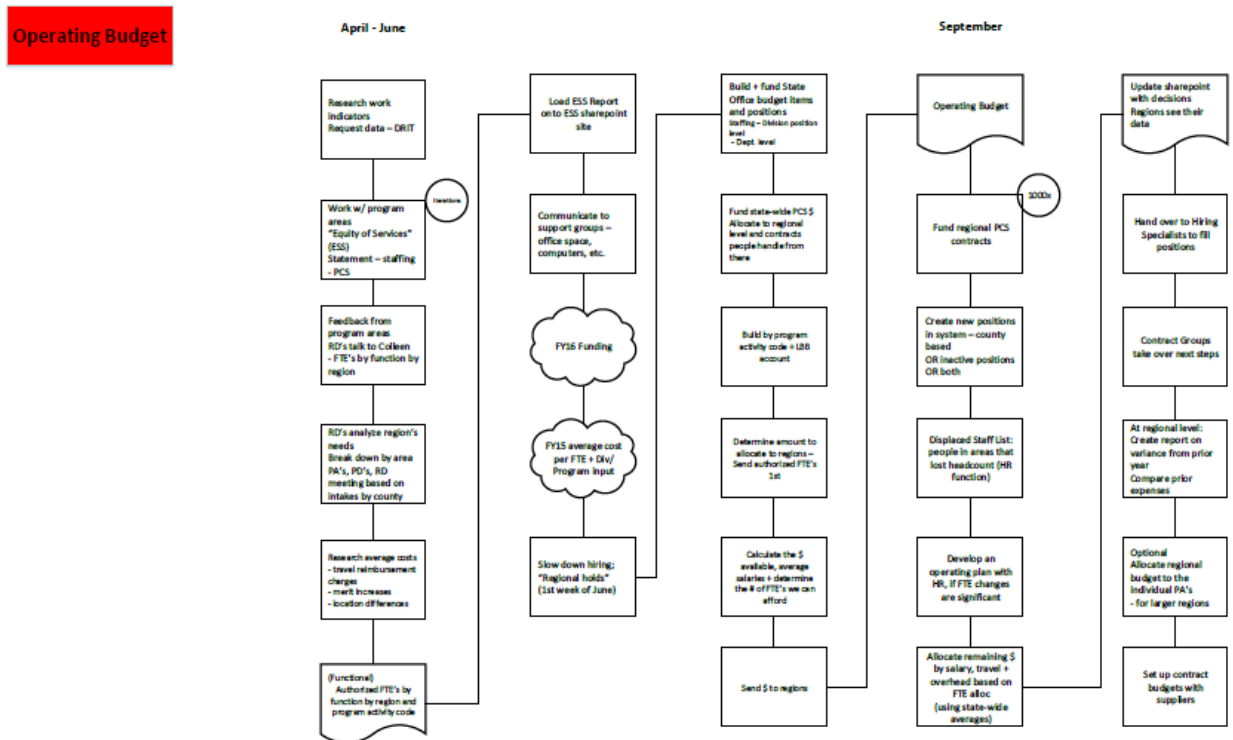
The Legislative Budget Board has a methodology to project growth in the underlying workload at DFPS that is different from the methodology used by DFPS. As a result, there is a difference of opinion on some of the most fundamental aspects of the LAR.

**Operating Budget**

*Process Description*

The Operating Budget Process is shown in Figure 62, below.

Figure 62 - Operational Budget Process



TSG explored with the Budget team the basic parameters guiding the Operating Budget process. These are described in Table 33.

Table 33 - Operating Budget Process Elements

Overall Process Element	Operational Budget Process
Customer	Families that DFPS serves DFPS Leadership Federal Agency Taxpayers
Input	Last Year's Budget LAR
Output	Operational Budget for the current fiscal year
Customer value	Sufficient funding to minimize disruptions to staff, to support the needs of the actual caseload, and to allow DFPS to operate the programs and services as authorized by statute
Timing	Spans the fiscal year
Key actors	Commissioner CFO DFPS leadership Budget Staff

The description of the Operating Budget process is as follows:

In April of every year, Budget staff begins to research workload indicators and request data on how the work has changed over the year. The Budget group removes the headcount from State Office positions from the total CPS available headcount.

Then, Equity of Service Statement (ESS) models are run for each of the key areas of CPS. These models take a 24 month rolling view of actual workload, by county, The models include actual numbers of investigations, FBSS cases, the family and child sub-stages of conservatorship. The models take the authorized headcount for all regional personnel and apply the workload distribution to come up with a suggested allocation of personnel by region and county.

The results of the models are shared on a Sharepoint site and are discussed with CPS leadership. The Regional Directors review and discuss the allocation of resources relative to the region's needs. They balance the desire to solve current issues quickly with the potential downsizing of another region or county in order to respond to the new need.

Budget staff researches costs for travel reimbursement, merit increases, location differences and factors this information into the Budget to finalize the authorized and affordable headcounts. Budget staff coordinates with all the support groups – IT, office space, etc to finalize the overhead component of the headcount allocation. This creates an operational review of the funding for the next fiscal year. By the first week of June, the regions ideally have an indication of whether their headcount will be higher or lower than last year and what they need to do to hiring as a result.

Budget staff then builds each State office budget item and position and takes the state-wide allocation of CPS dollars and breaks them down to a regional level. Budget staff then builds each Program Activity Code (PAC) and LBB account and builds the regional allocations into the system. Budget staff calculates the authorized headcount, the affordable headcount, and the current number of filled positions.

Once these calculations are final, the dollars for headcount and purchased client services are sent to the regions. Depending on how many new PACs and positions must be created, the regions will ideally receive their budgets somewhere between September and December for the current fiscal year. Delays occur when there are significant changes to the budget from the prior year's headcount allocations.

Budget staff then must create each new position in the system, as well as removing inactive positions. The position must be loaded into the system before the hiring process can begin.

Meanwhile, there are steps taken to manage any displaced personnel. Information is loaded on the Sharepoint site for CPS leadership to view. Once the prerequisite information is in the system, the Hiring Specialists can begin to fill positions and the Contract Groups can begin their procurement and contract management processes to create the network of third parties to provide services to CPS families and children.

### *Process Observations*

The following aspects of the Operating Budget Process are particularly noteworthy.

#### **Timing**

The overlap in the timeline for the Operating Budget and the LAR Budget means the Department must start the detailed planning for their internal view without knowing what the Legislature will eventually fund. This is a reality for most State agencies. However, there are a number of

internal control processes in place that prevent the Department from immediately springing into action on some of the legislative mandates – such as authorization to hire.

The Hiring Specialists can't start their process until the Budget system and the HR systems have complete information loaded down to the individual position at every location. When the legislature authorizes a significant number of new positions, this bottleneck in the process becomes a significant time delay.

### *Process Assessment*

#### **Authorized and Affordable Headcount**

The authorized headcount attempts to allow a region to continue to hire knowing that they will experience attrition at some point. The following example shows the difference in these three headcount numbers:

Region A may be targeted to have an average of 100 investigators working throughout the year. DFPS history shows that attrition is likely to occur. So, Region A is authorized to hire up to 120 investigators. On a given day in the middle of the year, they may have 95 investigators on the payroll productively working. Their

Authorized Headcount = 120

Affordable Headcount = 100

Filled Headcount = 95

The Regional Directors are only concerned about their authorized headcount. They aim to meet that number as frequently as possible. Budget focuses on whether the pace of hiring and the pace of attrition are causing the overall payroll spend to be more or less than planned at a CPS level.

One implication of the use of authorized and affordable headcounts in this manner is the reporting of progress against hiring targets. When CPS reports their progress in filling positions to the Legislature, they report Filled Positions/Authorized Headcount. In the simple math example above, that percentage would be 95/120 or 79%. If CPS were a no turnover environment, the agency would be able to report the percentage of positions filled by comparing Filled Headcount/Affordable Headcount or 95/100 or 95%.

**Needs based view of the Budget**

The process used to allocate dollars to State Office and the Regions is a top down view of needs. First, State Office positions have priority. They are the first positions funded in the allocation of money. Second, the Regions are allocated positions and contract spending with the remaining monies based on historical workload and even distribution of personnel by workload.

TSG did not observe evidence of a bottom-up, needs based approach where each region explains the changes in their environment and workload and requests changes in their budget allocations.

**Allocation of Personnel to Regions**

The methodology for allocating positions across the regions has evolved over the last decade to deal with periods of rapid growth in headcount and periods of decreased headcount for regional staff. It is based on work measurement studies done almost a decade ago where the average investigation is presumed to take 12 hours, the average CVS family sub-stage is presumed to take 5.5 hours a month and each CVS child sub-stage is presumed to take 3.5 hours a month.

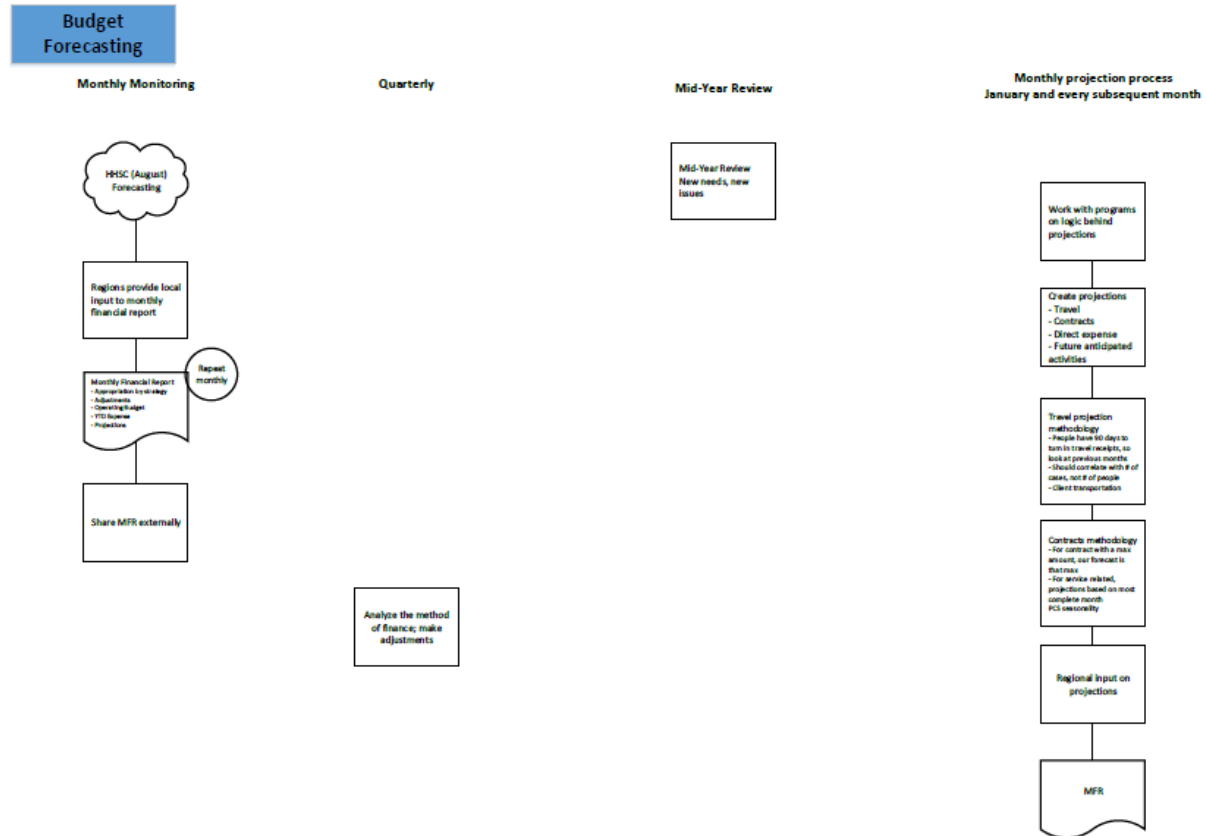
These numbers are scheduled for validation in the upcoming fiscal year. The methodology also deliberately slows down reacting to new pockets of rapidly growing needs by using a rolling 24 month view of caseload by county rather than a 12 month view. In periods of downsizing, this buffered the workforce from extreme changes. In periods of headcount growth, it slows moving the people to the areas of greatest need.

This methodology assumes that workload is consistent across every location and that case complexity will average out given the volume of work CPS does. TSG personnel met with a significant number of personnel across the regions and documented the variations in process and procedure for the investigations, family based services, and conservatorship work. We observed a fairly large standard deviation in case complexity between the easiest and the hardest cases – allowing for family size, number of principals and collaterals in the case, drive time, and ultimate disposition of the case.

**Forecasting*****Process Description***

The Forecasting Process is shown in Figure 63, below.

Figure 63 - Forecasting Process



There is a monthly process for tracking the actual spend against the budget. At key intervals throughout the year, there are more significant checkpoints and discussions about the pace of spending.

For the monthly process, HHSC provides forecasting information and the regions provide local input into their spending forecast. There is a monthly financial report that shows the Appropriations by Strategy, Adjustments, Operating Budget, YTD Expense, and Projections for the rest of the fiscal year. This Monthly Financial Report (MFR) is reviewed internally by CPS leadership and externally across DFPS stakeholders.

On a Quarterly basis, there are adjustments made to the Method of Payment.



At the Mid-Year checkpoint, new needs and major issues are discussed. Often times, one region will be potentially lapsing money while another region is overspending. CPS leadership, working with Agency leadership, will decide the appropriate course of action.

On a monthly basis beginning in January and continuing throughout the rest of the fiscal year, Budget staff works with Program staff to create projections for travel, contracts, direct expense, and any future anticipated activities. There are cyclical expenses that hit near the end of the fiscal year that CPS knows to plan for.

The methodology attempts to allow for time delays in receiving invoices from vendors for contracted services and for employees who have not yet submitted their travel expenses. This information factors into the MFR. By this mid-year point in the fiscal year, the track record of spend becomes sufficiently established to start to create a meaningful forecast.

### *Process Observations*

The following aspects of the Forecasting Process are particularly noteworthy.

#### **Vendor Invoicing**

CPS works with a large number of small vendors. These vendors are slow to submit invoices, which makes it difficult to precisely predict the amount of money actually spent for these purchased client services. Contract Managers routinely work with the individual providers to encourage them to be timelier.

#### **Financial forecasting at the decision point**

There is very little financial reporting tied to the decision that triggers the spending. Overtime is not recognized at the point it is incurred – rather at the point the employee crosses the 240 hour mark and gets paid for their overtime. Actual travel is not known until the employee submits their travel expenses and they have 90 days to do so. Purchased Client Services are not accrued at the point the case worker orders the service but a few months later when the vendor invoices for the service.

The Department has tried several approaches to predict the purchased client services better. Unfortunately, it is difficult to predict the client behavior. When CPS authorizes a mother to attend six counseling sessions and she only shows up for one, CPS doesn't know until a couple of months later that she did not take advantage of all the services available to her. As a result, the forecasting process relies on data that is several months old in order to use reliable information to predict the spending trends.

## **Complex process is not supported by appropriate tools**

The Forecasting system is more of a collection of spreadsheets used for tracking actuals and forecasting where the Department will end the fiscal year. There is an opportunity to create a simple dashboard that would be easy for regional leadership to use to click into a particular category of expense and understand why they are overrunning that category.

There are very limited standard reports and very little opportunity for the regions to request reports in a readable format. It is very difficult to assemble the information in support of an action memo.

## *Process Assessment*

### **Trend Information Not Available Until Mid-Year**

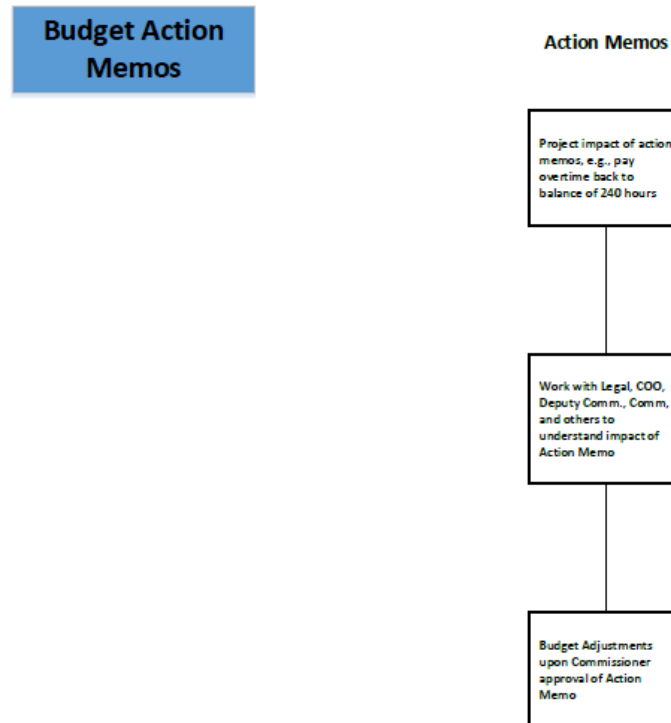
As a result of the lack of timely availability of good data, meaningful conversations about how the actual spending pattern compares to the budget are not held until at least the middle of the fiscal year. The different regions reported different timelines for when the Regional Directors had their first glimpse of good budget data – ranging from December through March. This has the potential to require more significant course corrections than would be necessary if information could be timelier.

## **Budget Changes**

### *Process Description*

The process for making a change to the current year budget starts with an internal memo called an Action Memo. The originator of the request articulates the need and sends the Action Memo up the management line for approval. As part of the approval process, Budget determines the financial impact of the requested action. This process is shown in Figure 64.

Figure 64 - Budget Action Memo Process



Budget staff has a responsibility to project the impact of the proposed action across all categories including overtime, headcount/salary, contracts, and travel. Budget staff quantifies the impact of the requested action as part of the information the Commissioner receives for consideration.

**Process Observations**

The following aspect of the process is particularly noteworthy.

**Manual Process**

There appears to be a large amount of manual work necessary to calculate the financial impact of a proposed action. The process to follow-through on an action memo and to incorporate any implications of it into the subsequent budget forecasts also appears to be manual.

*Process Assessment*

**Control vs. Empowerment of Leaders**

The number of Action memos does not empower regional directors to spend money up to their allocated budgets. Moreover, there appear to be many line items where past misuse by one individual has led to a control procedure where everyone must ask permission to spend particular money. Examples are payment of overtime, ability to hire a temporary work, and ability to move staff between stages of service on a temporary basis to help out during periods of high attrition.

## **POLICY PROCESS: DEVELOPMENT, COMMUNICATION, REVISION AND ENFORCEMENT**

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“... simpler and more specific set of policies. Policy is left to individual interpretation and as that differs from one management staff to another it causes discord between management and workers.” – Survey respondent

“Everyone at the State level and government thinks that more policies will make things better, but in reality it just makes it harder to keep up. Caseworkers just want to do their job, which is keeping children safe.” – Survey respondent

### **Introduction on State Office Policy Process Mapping**

In order to assess the CPS policy development process, TSG first considered the objectives of policy. We did not find in the policy documents a definition of what policy is written to achieve. In general, policy defines the general principles by which a government is guided in its management of public affairs, or the legislature in its measures<sup>79</sup>.

Policy is a tool by which CPS leadership establishes boundaries to field practice. Thus, policy is a management tool. Policy development is a method by which CPS leadership develops the guidelines it provides for field practice. Accordingly, policy development is part and parcel of the CPS management process.

Policy development at CPS is characterized in the assessment below as top down, initiated largely in response to events or “crises”, communicated through a hierarchical process that leads to delays and weak communication. Policy is developed by experts using research and a linear review process—rather than through collaboration and team work.

Policy is not developed with a mind to certain expected impact on outcomes; it is not linked to measures of effectiveness or impact on the workload or cost of field operations. Policy is

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<sup>79</sup> <http://legal-dictionary.thefreedictionary.com/Government+policy>

embodied in a document that is not easily used in the field. Training related to policy is done without specific curriculum or guidance by 800 supervisors spread throughout the state.

Policy is not developed in this way in every government organization. For example, policy development has been described elsewhere as, “consultation... a great way for everyone to have a direct say in the policy making process.”<sup>80</sup> This would not be an apt description of the CPS policy process. Instead, policy development is a process that is directed by an individual expert then is subject to sequential, written edits by up to 10 or so CPS leaders. It does not include the wide range of input and collaboration sometimes used in developing process in other organizations.

Policy development has also been described as a management tool that embodies the, “declared objectives that a government seeks to achieve and preserve in the interest of community.”<sup>81</sup> In the narrowest sense, CPS policy sets out “declared objectives,” such as specific actions that must be included in field practice.

However, in the broader sense, CPS policies are not usually overtly tied to outcomes in child safety, well-being and permanence. Thus, CPS policies are measurable strictly in the sense of compliance. CPS policies might be characterized as constraints on field practice rather than as objectives of child protective services.

Thus, the TSG assessment considers the efficacy and efficiency by which CPS develops policy. Beyond merely looking whether the work steps are optimal, TSG also considered whether policy development achieves the objectives of policy—as a tool of collaborative management used to ensure that field practice is aligned with Agency objectives.

## How Policy Development is Organized

CPS policy is developed through the efforts of different organizations. The following players are frequently involved in policy development:

- State office program specialists - CPS
- Supervisors - interpret/Regional management
- Legal

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<sup>80</sup> <http://www.nidirect.gov.uk/what-is-government-policy>

<sup>81</sup> <http://www.businessdictionary.com/definition/policy.html>

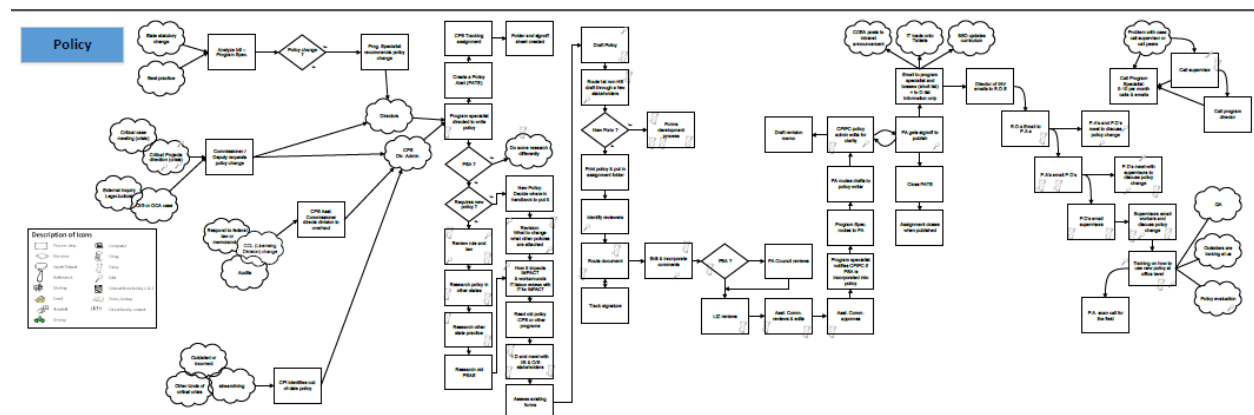
- Policy Advisory Council
- Reviewers
- CPS Policy Analyst
- The CPS staff person working on the particular policy area and all their stakeholders
- Sometimes go outside the normal loop - touched upon by other areas

## How Policy is Written, Reviewed and Delivered to the Field

### Description

Policy is a key tool for tying legislative intent to field practice. It is designed to be a key tool for assuring consistently high quality work is being performed by caseworkers throughout the state. Figure 65 is a thumbnail version of the process map. A larger version is available as a Visio document.

Figure 65 - Policy Process Map



### Process Description

New policy development is initiated in response to an event:

- A federal or state bill is passed that affects policy
- Inquiry or audit by an external organization such as the Legislature or Judicial System
- Critical case meeting or Critical Projects
- CCL licensing change
- OIG or OCA case
- The Commissioner or Deputy Commissioner requests a change

- The Assistant Commissioner directs policy overhaul
- Caseworker identifies a policy that is out of date

Direction to write a new policy may come through the Assistant Commissioner, the Commissioner or others in CPS leadership. This direction is given to a Policy Specialist (PS). Early in the process, the PS creates a new item in the Policy Alert Tracking System (PATS). This triggers assignment of the writing, and creates a folder and tracking sheet. The PS decides whether this will be written as a Protective Services Alert (PSA) or as new policy. The difference is the nature of the research required.

Whether new policy or PSA, the PS researches the issue, law, rules and regulations, and policy and practice in other states. In addition, the PS will research prior Texas PSAs and policy. The PS is concerned with CPS and other State policy.

A key decision is where to put the policy in the manual and what other policies will be affected. As part of the research, the PS identifies and talks with CPS and outside stakeholders. The PS also reviews any forms that would be affected. The Policy (or PSA) is drafted by the PS.

Once drafted, the first review is with a few of the stakeholders. The extent of this review is determined ad hoc by the PS. If the new policy requires changes to or creation of a new form, that is referred to the forms development process<sup>82</sup>.

At this point, the PS begins the full review process. The policy is printed and placed in a paper folder. The PS identifies the reviewers – these are different with each policy. The document then begins a manual routing to each of the reviewers. Each reviewer makes comments manually on the paper copy and returns to the PS. The PS then makes the edits, prints and sends to the next reviewer. Thus, reviewers are not aware of prior reviewers' comments or changes. This series of reviews can include a dozen reviewers and can take several months—as long as 2 years.

After the other reviewers, the Assistant Commissioner reviews, edits and approves and returns to the PS. The PS notifies the DFPS Center for Policy, Innovation, and Program Coordination (CPIPC) if the PSA will be incorporated into policy.

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<sup>82</sup> Outside the scope of this Assessment



### *How Policy Changes are Implemented in the Field Statewide*

Once redrafted, the policy is approved to be published. The PS closes the item in PATS. This begins a series of emails. The PS emails the new policy to top CPS leadership, who later email it to Regional Directors (RD), who in turn later email it to Program Directors (PD), who in turn later email it to supervisors, who in turn later email it to caseworkers and others. This cascade of emails may require up to two weeks.

Finally, supervisors train caseworkers in the new policy. Supervisors conduct this training with little more information than is provided in the policy document itself (i.e., no formal training process).

Once a policy is in place, caseworkers refer to the CPS Handbook to find policy—they can use the index or search capability. If they have questions, they can usually ask their supervisor or call Policy Administration. In the field, many also ask peers.

The Child Protective Services Handbook contains the policies and procedures that govern CPS practices from reports of abuse to family group decision making to adoption and transitioning youth. The handbook is indexed by topic and stage of the case and is searchable. With each policy, there is a link to the administrative code and State and federal statutes from which it derives.

However, field workers do not always go to the policy handbook for policy direction. CPS recently collaborated with CPIPC to conduct a survey regarding the CPS policy handbook and process, and obtain staff input on the efficacy and use of the handbook. The survey found that new caseworkers are the most likely to use the handbook when they have a question about policy – more than half of them use it once a week or more. Figure 66 is drawn from data developed by the survey. It shows that while caseworkers do refer to the policy manual, more than 77% time they ask their supervisor and 52% of the time they ask for policy clarification. This suggests an environment in which caseworkers are not empowered to self-provision, but must rely on supervision for policy. It also portends inconsistent policy interpretation.

This does not change with tenure. The table in Figure 66 shows that the percent of caseworkers that turn to supervisors and peers changes little with experience. It further suggests that reliance on the policy handbook decreases with tenure—that experienced employees rely even less on the official document.

Figure 66 - Where CPS looks for policy assistance

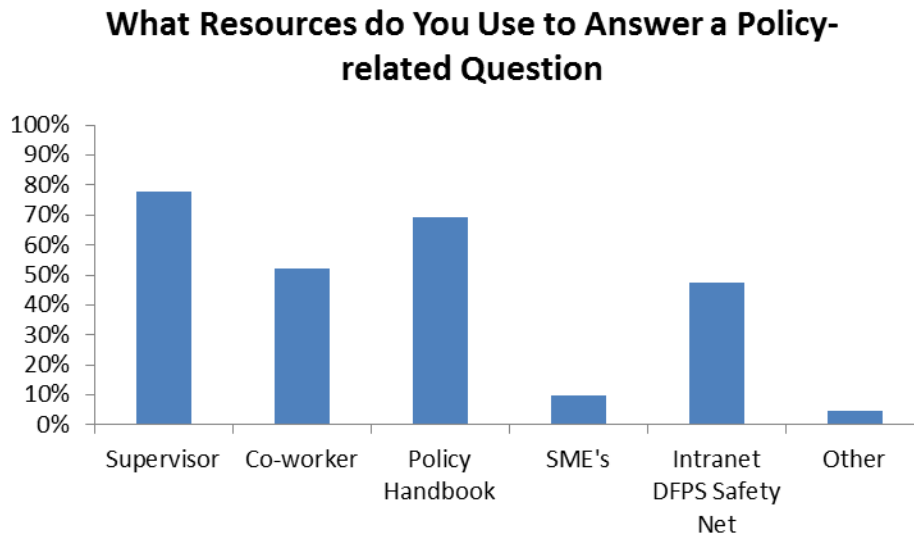


Table in Figure 66

Years of Service	Supervisor		Co-Worker		Policy Handbook		SME's		Intranet/ DFPS Safety Net		Other	
	Responses	%	Responses	%	Responses	%	Responses	%	Responses	%	Responses	%
Less than 1 Year	346	75%	279	61%	348	76%	65	14%	255	56%	17	4%
1 to 3 Years	356	83%	282	66%	291	68%	49	12%	224	52%	13	3%
3 to 5 Years	242	77%	170	54%	201	64%	16	5%	158	51%	6	2%
More than 5 Years	906	77%	517	44%	822	70%	101	9%	504	43%	71	6%

### How Policy Errors are Addressed

While field *compliance* is assessed through the quality assurance process (see separate section), we did not observe a consistently applied method for assessing whether policy was *initially written* in an effective manner.

### Alignment of Policy with Practice in the Field

TSG was told by the policy unit that field personnel are sometimes (i.e., not regularly) referred to during policy development. We found no field person that had been involved in policy development. Likewise, we did not observe a regular method for obtaining feedback on policy that has been implemented.

### *Reading policy*

During our visits to the regions, we constantly heard from caseworkers and supervisors alike, that when policy is sent to them from State office, it is not always clearly understandable, and CPS State office does not do a good job explaining the reasons for the policy or change in practice. Moreover, TSG read some examples of policy to consider whether a trained caseworker would likely be able to easily follow it during a stressful and frenetic case situation. The following examples were chosen by selecting policy at random. Thus, this part of the assessment does not address whether a caseworker could find all the policy related to a situation.

### **PSA Concerning Psychotropic Drugs**

CPS issued PSA 14-005 on September 10, 2013. It is 6 pages long and motivated by Texas House Bill 915. In the opening line of the PSA the document alerts the reader that HB 915 “changes many sections of the Texas Family Code and requires significant changes to current [CPS] practice.” Nowhere in the PSA does the text describe the sections of Code and practice that need to be changed; the policy is offered as new rules only. Thus, the reader must be familiar with whatever this policy replaces—what should *not* be done any more.

The meat of the PSA is that a child who has been prescribed psychotropic medication must have an office visit with the prescribing physician every 90 days, and the medical consentor must attend that appointment. Furthermore, the PSA adds that, “DFPS staff who are designated medical consentor for a child must attend any appointments where psychotropic medication might be prescribed and all medication review appointments.” Page 2 goes on to clarify that even if the placement is out of region, the CPS worker assigned to the case must be there.

The PSA relays that 11 new technicians (Admin-level staff) have been added across the state to defray the added workload. So, somehow individual CPS caseworkers who are medical consentors for children in their case loads must find a way to off-load some work to others—staff who are not in their chain of command. Additional training is required of medical consentors—which the PSA explains will be available in November 2013, 3 months after implementation. The required form “will be” available on the public website the PSA promises, though a direct link is not provided.

A caseworker with questions is directed to send an email that will be monitored “daily Monday through Friday.” No commitment is made about response time to questions. Emergency questions are directed to the supervisor or regional specialist.

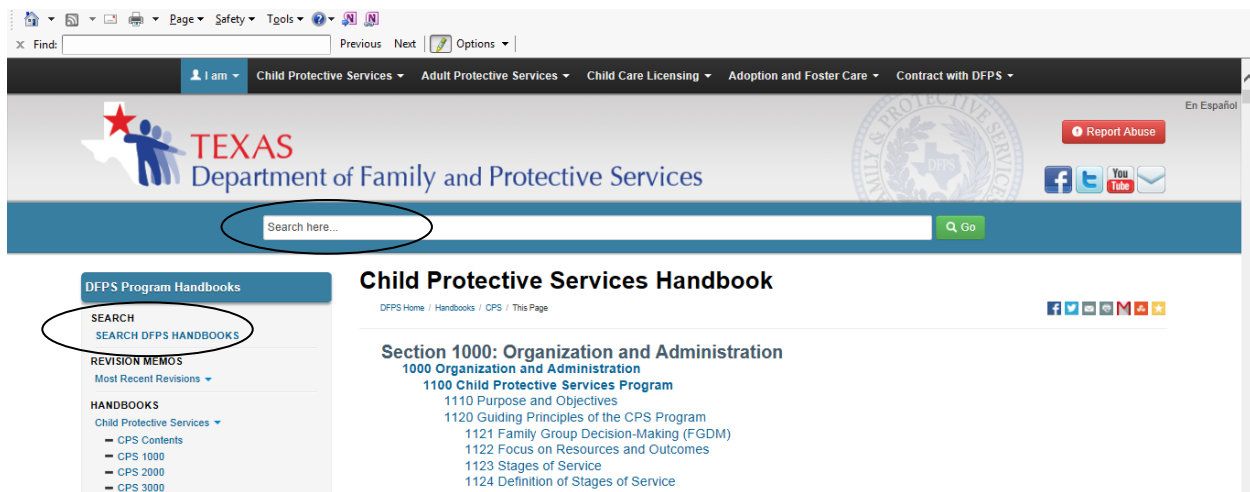
Overall, the PSA, as written, would be difficult for a CPS worker to implement:

- At its root, the policy is unclear in several ways. For example, at which doctor visits might the physician discuss meds—presumably any and every one. Thus, it would seem that the medical consentor should attend every doctor visit. Or, what if the prescribing doctor is in a practice and the child sees a different physician (or provider) one visit?
- 
- The PSA is written like a legal document, not as a practice guide. Some might say that approach clarifies policy from practice. Another interpretation is that the policy is developed without regard to how difficult it might be to actually add this work to the caseworkers schedule or how to shift work to others

### Policy Concerning Address Confidentiality Program

Turning to the Policy Handbook itself, TSG selected a policy element, §2230 Families Who Participate in the Address Confidentiality Program<sup>83</sup>. This seemed to represent the type of policy situation where a caseworker might need to look up policy. The first question is how a caseworker would know there is a program, and whether to look at the Policy Handbook. If a caseworker knows of the program, then searching for “Address Confidentiality Program” will locate the section.

If, instead the caseworker wants to search, the Handbook provides two search options, as shown below. A small anecdotal survey found no one outside the Policy group that was aware of the second search capability in the left navigation bar.



<sup>83</sup> [https://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_2230.asp#CPS\\_2231](https://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_2230.asp#CPS_2231)

Unfortunately, this confusion is created by a practice of the Center for Consumer and External Affairs (CCEA) to present the DFPS site search feature on all pages of the public website. The Handbook search feature in the left navigation panel is presented as prominently as CCEA practice permits.

If the worker enters “ACP” in the big box in the center labeled “Search here”, the search engine returns on the first page<sup>84</sup>:

- [Acknowledgement of Disclosure of Physical Address for OAG-ACP ...](#)  
www.dfps.state.tx.us  
www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME...  
[Acknowledgement of Disclosure of Physical Address for OAG-ACP ...](#)  
File Format: Microsoft Word  
Commissioner. John J. Specia, Jr. Acknowledgement of Disclosure of Physical Address for OAG-ACP Participants. My name ...  
www.dfps.state.tx.us  
www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME...
- [OAG-ACP Information Request Form - Texas Department of Family ...](#)  
www.dfps.state.tx.us  
www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME...  
[OAG-ACP Information Request Form - Texas Department of Family ...](#)  
File Format: Microsoft Word  
Commissioner. John J. Specia, Jr. Form 2632 OAG-ACP Information Request Form Mar 2010. 701 W. 51st Street ♦ P. O. Box 149030 ♦ Austin, Texas ...  
www.dfps.state.tx.us  
www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME...
- [1350 Family Violence Allegations](#)  
www.dfps.state.tx.us  
[https://www.dfps.state.tx.us/handbooks/APS/Files/APS\\_pg\\_1350.asp](https://www.dfps.state.tx.us/handbooks/APS/Files/APS_pg_1350.asp)  
[1350 Family Violence Allegations](#)  
When taking a report on a person enrolled in the ACP, SWI staff use the OAG's post office box as the alleged victim's address, unless the caller voluntarily ...  
www.dfps.state.tx.us  
[https://www.dfps.state.tx.us/handbooks/APS/Files/APS\\_pg\\_1350.asp](https://www.dfps.state.tx.us/handbooks/APS/Files/APS_pg_1350.asp)
- [2500 Sensitive Reports; 2510 Sensitive Designation; 2511 Sensitive ...](#)  
www.dfps.state.tx.us  
[https://www.dfps.state.tx.us/handbooks/SWI.../SWP\\_pg\\_2500.asp](https://www.dfps.state.tx.us/handbooks/SWI.../SWP_pg_2500.asp)  
[2500 Sensitive Reports; 2510 Sensitive Designation; 2511 Sensitive ...](#)  
If a reporter states that a person involved in the report is an ACP participant, the intake specialist must insure that the participant's address remains confidential ...  
www.dfps.state.tx.us  
[https://www.dfps.state.tx.us/handbooks/SWI.../SWP\\_pg\\_2500.asp](https://www.dfps.state.tx.us/handbooks/SWI.../SWP_pg_2500.asp)  
clipped from Google - 4/2014
- [2230 Requirements to Protect Locating Information of Family ...](#)  
www.dfps.state.tx.us  
[https://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_2230.asp](https://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_2230.asp)
- [2230 Requirements to Protect Locating Information of Family ...](#)  
\_Victims of family violence, sexual assault, or stalking may keep their physical home addresses confidential through the Address Confidentiality Program (ACP), ...  
www.dfps.state.tx.us  
[https://www.dfps.state.tx.us/handbooks/CPS/Files/CPS\\_pg\\_2230.asp](https://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_2230.asp)
- [3400 Procedures for Sensitive Reports; 3410 Documenting a ...](#)  
www.dfps.state.tx.us  
[https://www.dfps.state.tx.us/handbooks/SWI.../SWP\\_pg\\_3400.asp](https://www.dfps.state.tx.us/handbooks/SWI.../SWP_pg_3400.asp)  
[3400 Procedures for Sensitive Reports; 3410 Documenting a ...](#)  
See 2516.1 Address Confidentiality Program (ACP). The Office of the Attorney General (OAG) administers the ACP for victims of family violence, sexual assault, ...  
www.dfps.state.tx.us  
[https://www.dfps.state.tx.us/handbooks/SWI.../SWP\\_pg\\_3400.asp](https://www.dfps.state.tx.us/handbooks/SWI.../SWP_pg_3400.asp)

The best link to the policy is the fifth item in the search return. One could tell because the name of the relevant program and the acronym “ACP” appears at the end of the text line. Searching

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<sup>84</sup> clipped from Google - 4/2014

for “confidential” does not return §2230 on the first page of results. “[P]olicy to keep address of battered mom confidential” returns 3 results, none of which link the worker to the appropriate policy. “Confidentiality Program” returns the section link at the top of the search results.

If the caseworker were instead to enter the same “APS” search into the search box at the left navigation bar, the same entry would be listed at the top of the search results.

If instead, the caseworker were to use the index, §2230 is down about 70 lines from the top of the “Section 2000: Intake, Investigation, and Assessment” part of the handbook. Thus, an Investigations caseworker who believes there is an issue with confidentiality might find the related section. However, TSG found no similar section if the caseworker works for FBSS and is accustomed to referring to the 3000 section of the handbook—even though the policy itself acknowledges that FBSS and CVS may be involved in ACP cases. Thus, unless the caseworker already knows what to look for, the Policy Handbook is not very accessible.

ACP is apparently noted in IMPACT when an investigator is looking for the child of a report. Policy suggests that the caseworker might be alerted by the report itself (under what sort of protection program does a third party doing a report know that the subject is in a protection program?).

If the caseworker wants to know the physical location the policy says to fax a request. A phone call or email is not an option; the investigator may only fax a request.

Completing [Form 2632 Word Document](#) OAG-ACP Information Request

- Sending the form by fax to:  
Public Information Coordinator  
Office of the Attorney General  
P.O. Box 12548  
Austin, Texas 78711-2548  
Fax: (512) 494-8017

Note that the Handbook includes a link to the form. However that link is broken “2632.doc could not be downloaded.” Searching for form 2632 using the Handbook search tool retrieves a link, but again the form is not available. Forms are produced and maintained by another support division, who is in the process of modernizing their website. As a result, forms are frequently renamed without CPIPC being informed. The Forms Development staff is currently revising their policies to inform CPIPC when forms are renamed.

Once the form is located and faxed, no commitment is made about response time. Remember, if there is a situation so dire that the subject of the report is in the ACP, this is likely to be a P1 case

and require contact within 24 hours. Policy does not tell the caseworker how the OAG will reply.

The word “should” appears 4 times in §2230. It is not clear how that word fits into “policy”. Is there a rule or not? To what extent is the caseworker at liberty to make judgments? Is this section guidance or a rule? It is CIPPC editorial policy to challenge language that is unclear, and the word “should” is a particular red flag for the editors. However, if the CPS PS replies to the editor’s query that the action is indeed a judgment call for the caseworker, the term remains—for the caseworker to interpret. In that case, it is not clear that CPS has created “policy”.

At the root of the ACP program is the proscription against disseminating the real address of a family at risk. Yet, the policy gives no direction to the caseworker about what to do with an address obtained. There is direction that the ACP identification number must be entered in the comments section of IMPACT. But, what does the caseworker do with the address itself? Perhaps the caseworker prints the OAG’s reply fax—a printout that could be inadvertently left on a table. Perhaps the caseworker enters the address into IMPACT—does IMPACT offer the needed protection? It would seem that email would be a more secure form of communication about sensitive addresses.

### *Policy Development of Other States*

The development of Rules and Policy by state agencies is generally governed by statute, in some cases Federal law, clarifying related agency Rule or Policy, and comply with the expectations of elected officials and the public. Each state will have differences in the detailed “process” of how Rules and Policy are created and enacted.

New York State Office of Children and Family Services utilizes a defined system of communicating Rules/Policy/Guidance through a web-based system of:

- Administrative Directives (ADM): external policy statements designed to advise local service districts and voluntary agencies
- Informational Letters (IME): external policy guidance clarification or amplification on existing procedures
- Local Commissioner Memorandums (LCM): external specific information and guidance to Local Service District Commissioners.
- All three forms of communication are sequentially numbered, archived, and connected to the Policy Manual.

California maintains readily accessible web-based access to:

- Emergency Rules
- Public Hearing
- Pre-Hearing Regulations
- Post Hearing Regulations
- Completed Regulations
- CA also maintains a web-based numbered portfolio of Policy Manual related guidance memorandums: “Holders of the Child Welfare Manual.”

Washington:

- The Children’s Administration web-based Policy Manual was re-vamped to include specific guidance and resources as a section of each major topic category of the Policy Manual.

Casey Family Programs, in partnership with Child Trends, maintains a national data base of all state Child Welfare program Policy Manuals and related information

### *Latest Improvement in Policy Management*

CPS leadership recognizes the issues that we have found related to its policy development and dissemination process and is currently engaged in the following efforts to streamline policy in all stages of service:

- All State office divisions are comprehensively reviewing and streamlining policy to identify and clarify the most essential tasks caseworkers have to perform on each case within in each stage of service. They are also working on separating policy from process, with process and reference information being published separately from policy.
- CPS has conducted focus groups with direct delivery staff and regional management regarding their use of the policy manual and how they would like to see it structured. To get a more comprehensive view, they have recently fielded a survey to all direct delivery staff to get their feedback on the policy manual.
- The DFPS Commissioner recently created a new CPS policy analyst position to help coordinate and facilitate the policy process within CPS. TSG did not, however, find any specific action to this date that has made its way to the field in terms of any demonstrative impact on policy reform.



### *Policy Development-Summary of Findings*

#### **Policy appears to be inconsistently integrated with the Judiciary**

- We did not observe a consistent link between those developing policy and the judiciary.
- We understand that each court has somewhat different objectives for CPS policy, yet policy is always developed and implemented on a state-wide basis. Thus, local units are left to decide with the courts how State policy will be adapted locally

#### **Policy appears driven by crisis, not by strategy**

- Policy appears it may have been written for the purpose of meeting the ever-changing expectations of external parties, as opposed to being written to create a strategically developed set of guidelines that improve child safety, well-being and permanence
- Policy can be originated from several locations, and not formally coordinated. We have heard this has resulted in as many as three inconsistent policies being developed concurrently
- Some older PSAs have still not been incorporated into policy as PSAs seem not to have a deadline after which they lapse
- Policy is additive, not sense-making. That is, the reaction to a need is for CPS to *add* new policy – not asking the question, is there is so much complicated policy that it loses effectiveness?

#### **Policy editing seems ad hoc and not designed for effective, efficient work**

- The people who will edit new policy are determined in an ad hoc manner by the CPS subject matter expert. Editors are not given specific guidance about what to edit, or how they collectively comprised a thorough and affective review. The program specialist identifies the specific program areas which should have an opportunity to review – rather than sending to all areas. Other editors can also recommend additional reviewers. The policy also includes various parts of the chain of command as well as legal
- Editors are not provided not specific direction, guidelines or training on the review and editing process
- Routing is done via an assignment folder, not through a collaboration tool
- Editors appear to lack easy visibility into the comments and changes of previous editors, which means the edited policy reflects the most recent edit rather than a collaboration. Some edit printed pages while others edit using MS Word and print a copy in track

changes for the routing. The result is that the next editor can see the printed edits of each of the previous reviewers, if they read through each of the successive revision documents

- The subject matter expert at CPS hands test to an editor for review, and waits—there is no method for tracking and reminding editors. The location to which the folder was sent most recently is tracked by overwriting the location field in an Excel document, but there is no automatic method for either tracking where the document has been or reminding editors to keep the process moving
- The PA Council reviews only PSAs, not new policy

#### **Policy takes a long time to develop**

- We are told that policy can take as little as a few months to develop (in response to an important event) or as long as 2 years
- No one seems to be charged with encouraging policy development through a sensible timetable

#### **Policy does not seem to overtly account for the cost of enactment**

- Policy appears not to be accompanied by a study of process impact
- Policy is not accompanied by an estimate of the cost of changes that would be required to implement, such as for changes in IMPACT. For example, some new policies have created new practice, letters or forms that have never been incorporated into IMPACT
- New policy is not always accompanied by an estimate of impact on workload. In effect, new policy is given to the field with the expectation that caseworkers can take on the added work without adjust resources. In the instance of PSA 14-005, CPS added staff not directly linked to policy implementation rather than adjust the caseworkers' workloads
- The implications of policy on practice are left to local supervisors, ensuring both inconsistent implementation and variant practice

#### **Policy development does not include training and testing to assure comprehension by caseworkers**

- Policy development does not include creating training materials for supervisors or others to use in roll out
- Policy development does not include tests or other inquiry to assure that caseworkers in the field understand it

**Policy is developed without a companion change to practice**

- This is in part because the field does not respect the concept of uniform state-wide practice
- CPS does not have a unified practice guide
- The policy development team lacks connections to the field that could enable it to understand the current field practice, or options for how the new policy might change practice
- The rules are not clear
- Guidance (“should”) and rules (“must”) are comingled

**Policy is developed with limited field input**

- Field input is solicited only in exceptional situations.
- There appears not to be a regular method for reviewing how workable policy is in the field, once rolled out.

**Policy evaluated for effectiveness only by exception**

- We found no regular routine by which policy is evaluated for efficacy – does it really achieve the ends it is meant to? Does it have adverse unintended consequences?
- We found little evidence that new policy regularly includes measurable objectives: levels of compliance or outcomes that the policy intends to enable. If policy lacks clear expectations, then what is the point? TSG heard implications from the field that policy might sometimes be developed to provide legal “cover” for the agency. We found no evidence to suggest this. However, lack of clearly articulated expectations for improvement to outcomes for children and families might allow one to think this way.

**Policy lookup lacks powerful look-up tools**

- It is not clear that there is one location to look up all policy changes and PSAs in one place.
- The look-up capability in the CPS Handbook is based on simply work searches, rather than on more powerful natural language processing or rules based search. As a result, the caseworker has to already know the words in the policy/PSA text in order to do a search or what to look for, before she can conduct a search
- TSG found little evidence that policy access has kept up with the practice of “mobility” in the field – as policy is accessible remotely is the caseworker is on-line. However, caseworkers are often located in places without high-quality Internet access.

- By way of assessment, TSG informally compared CPS policy access to other industries. For example, Lexis-Nexis provides powerful access to millions of laws, cases, regulations, opinions and other input that bears on legal questions. Or, Google's advanced search (crawler) engine provides powerful access to much of the world's body of knowledge. Against these contexts, CPS policy is inaccessible.

**The policy documentation, roll-out and management process virtually assure that process is inconsistently interpreted**

- Policy is released without teaching notes, yet roughly 800 supervisors are actually training the caseworkers.
- There is no "customer service" to support caseworkers with questions about policy. Instead, supervisors are making their own interpretation of policy.

**Policy is developed "top down"...rather than through a collaborative process including input from the relevant viewpoints within CPS and relevant stakeholder**

- The process starts with policy writers that mostly have not worked cases recently. Then, it is reviewed by CPS leaders, who likewise are far removed from the field.
- Research seems limited to considering other existing policies in Texas and other states; we heard no mention of looking for input directly from national experts, stakeholder groups or others with valuable inputs.
- As a benchmark for assessment, TSG considered Wikipedia. In less than 15 years, Wikipedia has come to be a widely recognized source of knowledge on millions of topics. The process of developing an entry in Wikipedia is akin to that initially used to develop the Oxford English Dictionary in the 19<sup>th</sup> century—wide input from the population. Wikipedia draws on unpaid experts to write, edit, revise and improve articles on topics of their expertise. TSG is not suggesting that policy is like an encyclopedia. However, Wikipedia defines a state of the art in developing authoritative new content. The new approach has virtually eliminated customer demand for predecessor forms of content development, such as encyclopedias, which were written in a method more akin to CPS' policy process. Yet, CPS clings to a policy development process more akin to the way documents were developed in the era of the typewriter, rather than 21<sup>st</sup> century methods

***Comments from the field:***

"Policy changes every 5 seconds." "We do not have time to read it." "I just delete and hope my supervisor tells us what is important."

"State office is real good at cascading policy changes down but does not give good reasons for policy."

"State office is also in the CYA mode on policy. They put something out so that in case something happens they can point to policy."

"There is no bottom up approach to making policy at CPS."

"There are way too many rules on cases so we say 'I got you' to the worker." "And they make these rules like law so you cannot break them." For example: "Have to see a P2 within 72 hours that is policy not law."

"There are piles of rules."

"PSA are all over the place."

"You need to have headquarters try to explain why the policy is needed."

"It all comes in e-mails from headquarters."

"Headquarters does not have accountability with us."

"I want to see policy that is legislatively mandated only, and then I want to see best practice,"

"The results of the Employee Engagement survey were clear. The employees want a forum to discuss policy changes with PD level staff."

"If something happens in the field policy is enacted at State office." "If you were to print every PSA along with total handbook you would fill this room with paper." "It is so impossible for anyone to know all the policies."

"Policy communication is by cascade. It is expected that this manager will give it to that manager and this manager sits down with his or her staff, and so on. But, I do not think that happens. It has to be done in a way that it directly touches the staff in the field."

"Many counties have different interpretations."

"Judges differ on policy among counties, a real roadblock."

"New PSAs/Policy - most of time is reactive – often due to a legislation or crisis - someone thinks there is a problem and you have to rush to get out a policy change."

"State Office policy development staff say "maybe 50% of time working on crisis policy."

“CPS lacks a clear feedback loop from the field on issues with implementing new PSAs/Policy.”

“No real systematic relationship between development and writing of policy and policy practice. "It's like magic we just assume it is going to happen."

“Caseworker feels supervisor does a good job in “explaining to us” but “not getting them to them in quick enough time.”

## QUALITY MANAGEMENT

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"We do a lot related to QA at the Regional level, debrief with central office staff, create responses, and develop plans. But, then it all just sits on the shelf and we don't do anything with it or ever go back to see if all this work made any difference." Regional Manager

Quality Management (QM) must be evaluated on the degree to which it collects and uses data to identify areas of needed improvement and implement improvement plans in support of achieving performance targets, program goals, client satisfaction, and positive client outcomes. To accomplish this, QM must clearly define the role of leadership; offer clear support for measurement, use and communication of improvement results; and be used to inform staff training and support practices. According to nationally accepted accreditation guidelines for public agencies, effective QM cycles:

- Are driven by culture of quality promoting service delivery excellence, customer satisfaction and continual improvement,
- Use data constructively data to promote a high-learning, high-performance, results-oriented agency;
- Involve of a wide range of managers and staff;
- Are inclusive of external stakeholders and community members; and,
- Effectively report improvements in relation to strategic improvement goals set by the organization.

These components should be articulated in a clear plan that provides an overview of the agency's PQI program, defines procedures for operationalizing specific aspects of the program, and is clearly linked to long and short-term organizational goals and objectives. Further, the plan must include inclusive approach to establishing measured performance goals, client outcomes, indicators, and sources of data ensure broad-based support for useful performance and outcomes measurement.

The Baldrige Performance Excellence Program identifies the components of a highly effective continuous quality management approach as:

1. Leadership: How upper management leads the organization, and how the organization leads within the community.
2. Strategic planning: How the organization establishes and plans to implement strategic directions.
3. Customer and market focus: How the organization builds and maintains strong, lasting relationships with customers.
4. Measurement, analysis, and knowledge management: How the organization uses data to support key processes and manage performance.
5. Human resource focus: How the organization empowers and involves its workforce.
6. Process management: How the organization designs, manages and improves key processes.
7. Business/organizational performance results: How the organization performs in terms of customer satisfaction, finances, human resources, supplier and partner performance, operations, governance and social responsibility, and how the organization compares to its competitors

## State Office Quality Assessment

Within Child Protective Services, QM is approached through the application of several distinct quality assurance (QA) processes operated by separate offices within the Department. While quality assurance is an integral part of quality management, alone, they do not constitute an effective process capable of achieving continuous improvement in an organizational environment. These processes, while effective by themselves, are not part of an informed, collaborative, quality management process based on the best practices identified previously. In summary, CPS has not implemented a comprehensive quality management approach based on a typical “Plan, Do, Check, Act” (PDCA) cycle.

TSG identified and focused on three separate processes by which the quality of casework is assessed. As part of the assessment, emphasis was given to: 1) Identifying current (as-is) quality assurance and quality improvement work processes, 2) Determining whether these processes are being evaluated or changed at the present time, 3) Assessing in-process and outcome metrics used in the various processes, and; 4) Determining whether QM processes emphasized both compliance and quality-related factors.

Current processes were examined at the central office and regional levels to determine the degree to which they are effective and provide adequate feedback to executive leadership, regional



management, and supervisory and front-line staff. QA processes were also assessed to ensure they are effectively guided by a comprehensive QA plan, integrated into an effective information feedback loop and used to inform quality improvement and training initiatives.

Three separate teams have primary responsibility for various aspects of the QM process: 1) Investigations, 2) CFSR Reviews; and 3) Child Safety (high risk reviews) constitute the major emphases of these teams and each team follows a distinct process for achieving their primary objectives (Table 34). In brief, the following chart describes the focus of each team:

Table 34 - High Level Quality Process Description

QM Process	Intent	Disposition of Cases Reviewed
Investigations	Quality of investigative fieldwork and decisions	Cases closed for more than 1 month that were not referred for further services or result in a fatality
CFSR	Compliance with federal guidelines articulated in the federal Child and Family Services Review protocol	Cases open for services during a specific "period under review" (PUR). May be open or already closed at the time of assessment.
Child Safety – High risk cases	Review efficacy of decisions on cases concerning young children with multiple reports	Cases must be related to families with children younger than three (3) years of age with three (3) or more reports

Additionally, the following processes contribute to and support statewide QM-related activities: fatality reviews, organizational effectiveness reviews (using DAPIM techniques), ad-hoc reviews, internal audits, and agency / regional-specific quality assurance / improvement initiatives. While these processes are important and add significant value to the overarching QM approach, this section focuses primarily on the processes outlined above while discussing how findings from ancillary processes are integrated into statewide improvement initiatives.

## Quality processes

### Process Maps

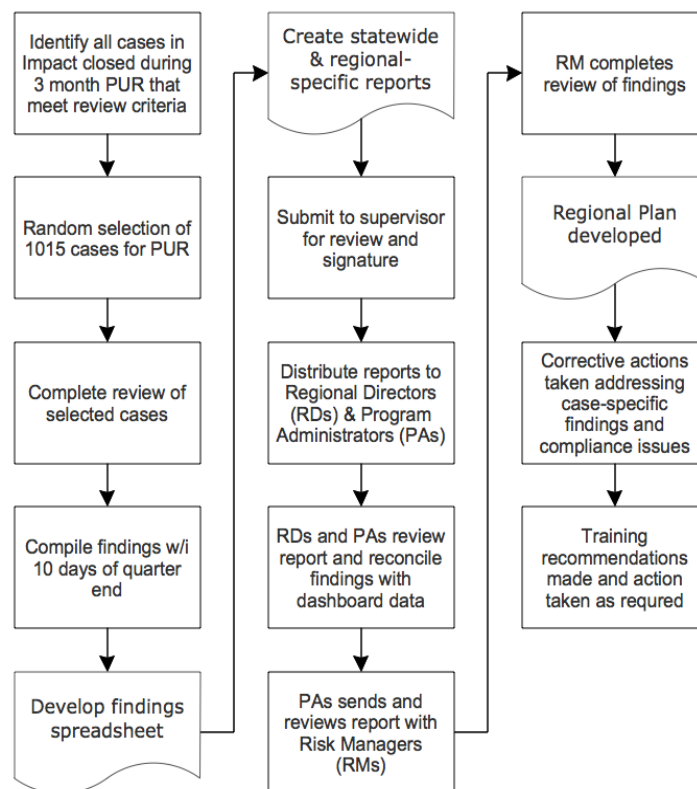
The following process maps and accompanying descriptions depict the workflow for each of the three major QM components described above. It is important to note that, while cross-system discussions and collaboration occurs between the primary QM functions, there is not a formal statewide plan detailing quality assurance activities, creating a coordinated statewide response to specific findings and trends, integrating these findings with statewide training efforts, and

ensuring findings are adequately addressed through quality improvement initiatives. Such a plan is in line with generally accepted best practice and required as part of nationally recognized accreditation standards.

**Investigations**

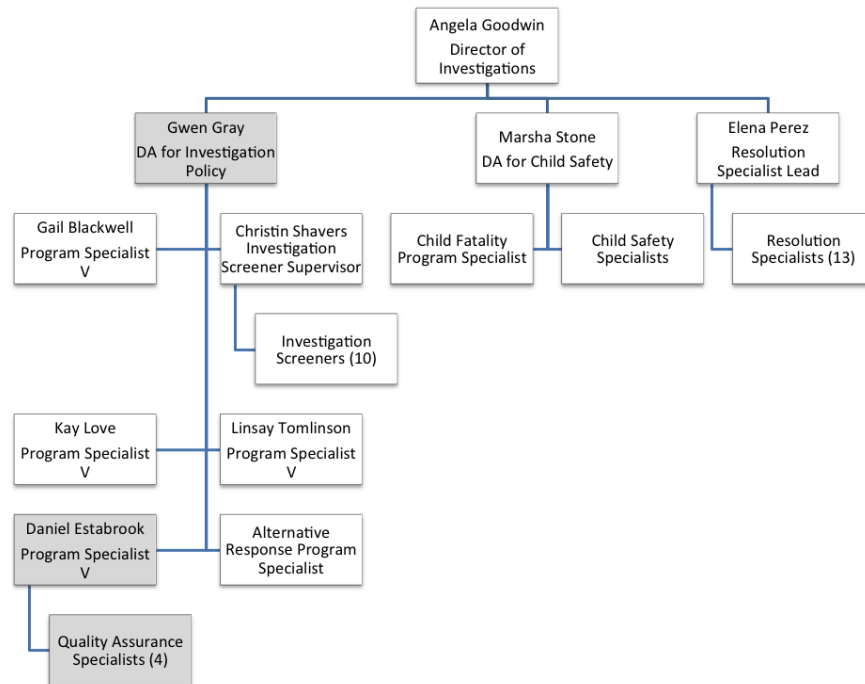
The Investigations Quality Management Process consists of a review of 1015 cases each quarter during the fiscal year. The process is described in Figure 67, below.

Figure 67 - Investigations QM Process



The team responsible for this process resides in the Child Protective Services Division under the management of the Director of Investigations and DA for Investigation Policy. (See Figure 68) The team consists of a team lead and four (4) staff who select, review and summarize findings from more than 4000 individual cases annually.

Figure 68 - Investigations QM Team



Cases reviewed must have been closed for more than one month and closed within the three month period covered by the review Period Under Review (PUR). Cases must not have been referred for further services or resulted in a child fatality. Overall, the Investigations QM process focuses primarily on compliance with state-related requirements surrounding appropriate and timely case communication, documentation, and notifications.

Cases are reviewed using a defined methodology including a comprehensive review tool and associated user guide. Reviewers assess each case based on whether: cases were initiated and closed in a timely manner, case documentation supports specific findings, safety issues were communicated appropriately, notification to families occurred as required and in a timely manner, and each contact with the child was documented and recorded. Information on each case is documented and findings entered into a database maintained by the information technology (IT) department.

Within 10 days of the end of the quarter findings are compiled in a spreadsheet and a report detailing statewide trends, patterns and regional-specific findings developed. Subsequently, the report is distributed to Regional Directors and Program Administrators with a request to review

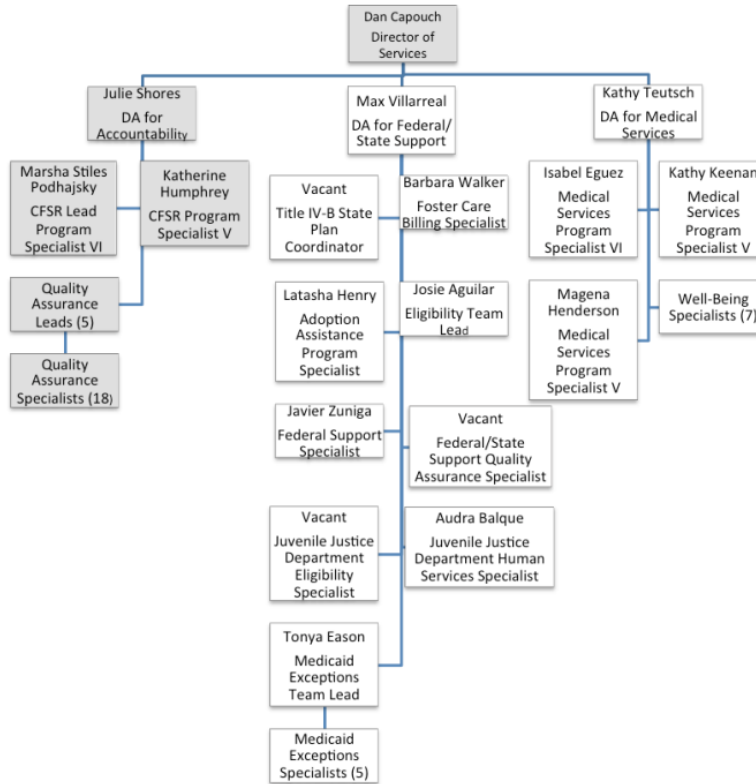
the report and reconcile findings to system (dashboard) data. Finally, the report is routed to Risk Managers who review the report with the Program Director and form an action plan to correct case-specific deficiencies and create a regional plan to address trends or common findings. The regional process for responding to various QA findings is described, below.

While tools and guidelines direct review efforts, staff express some concern over the application of review criteria in a consistent manner and, as a result, inter-rater reliability may be low for cases reviewed by different team members. It is important to note that this observation is anecdotal in nature and may or may not be borne by case specific review data. Members of the review team report they communicate consistently and effectively and a recent change to the responsibilities of the team lead may permit more time for extended efforts surrounding review and validation of the consistent application of QA criteria to these cases.

## *CFSR*

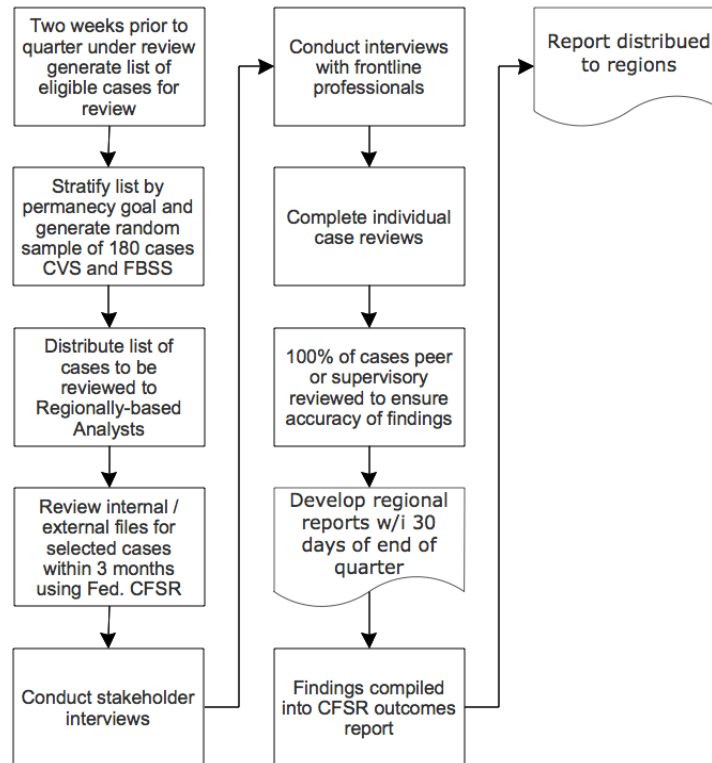
The CFSR Quality Management process is based on the federal Child and Family Services Review protocol. This is shown in Figure 4. The team responsible for completing this review resides in the Accountability division, reporting through the DA for Accountability to the Director of Services. (See Figure 69)

Figure 69 - CFSR Quality Management Team



Reviews are completed by eighteen regional analysts who report to five quality assurance team leaders. Reviewers currently analyze 180 cases per quarter. However, while the State was subject to a federal CFSR Performance Improvement Plan, the team reviewed 360 cases per quarter. The sample size is significantly large to establish trends and is similar to samples used during the Federal CFSR. At the time a case is reviewed, it may be opened or closed, but it must have been open during the period under review (Figure 70).

Figure 70 - CFSR Quality Management Process



Two weeks prior to the start of a quarter, a sample consisting of cases served through Conservatorship (CVS) and Family Based Support Services (FBSS) is generated. The selection of cases is based on stratified random sample ensuring that 50% of cases are served through CVS and an equal percentage through FBSS. The review team has three months (the current quarter) to review cases and develop findings based on their assessment. As with the federal CFSR, the review consists of case-specific analysis of documentation and file contents, stakeholder interviews, and worker interviews. During the review, team members look at both compliance and quality issues, specifically reviewing the quality of individual contacts with family members, children and youth.

Analysts compile case data and review documentation, which, in turn, is subjected to a 100% peer-based compliance review. Department management reviews a sample of cases annually (36) to validate findings and establish inter-rater reliability across the team.

Findings are compiled into a statewide report within 30 days after the end of the quarter and results are distributed to Regional Directors and Program Administrators.

While the CFSR team details comprehensive findings as a result of the review, there is no formal mechanism for generating regional or statewide improvement initiatives from these findings. The review team reports they develop “PIP Tips”, which are designed to improve performance and outcomes. These tips are distributed and available to workers through the department’s intranet. Further, they report the level of management engagement and subsequent response to their findings varies by region.

When specific areas for improvement are noted, members of the CFSR review team often recommend and are able to provide training to Regional staff. During the focus group, it was noted that some regional staff indicated they were unaware that the CFSR team offered training. In response, the CFSR team members present indicated there is not standard process for recommending and implementing training and their ability to do so is not well known to the Regions.

While there is specific value in reviewing cases in compliance with CFSR standards, review staff indicate: cases they review are often “old” by case lifecycle standards and may have been closed as long as twelve months prior to the review. As a result:

- Information gathered through the review may be outdated as performance improvement initiatives may have addressed identified deficiencies, and;
- Data from the review often varies in comparison to current performance data reflected in IMPACT reports and data dashboards.

During the focus group meeting, it was reported Regional staff often feel problems identified during the CFSR review have already been addressed and ameliorated at the local level. However, the CFSR review team reports that, over the past several quarters, trends have remained consistent and there is little change in performance from quarter to quarter.

Finally, to facilitate improvement at the regional level, the CFSR team debriefs the outcome of each case review with field staff and, as requested, is available to facilitate root cause analysis with field staff via the Organizational Effectiveness DAPIM model. Staff report being trained and certified in the application of this approach and regional staff report it is a useful tool in identifying and addressing the root causes of performance deficiencies.

Finally, it is worth noting that, in the coming year, the federal CFSR process will be changed and the state-level CFSR QM team will be modifying their protocols to mimic the new federal standards.

### *Child Safety (High Risk)*

This category includes two types of reviews, which are mandated by the Texas Family Law:

- Multiple Referral Cases<sup>85</sup>: These cases are identified by IMPACT when the case is open for investigation. When the system identifies the case as a multiple referral case, the caseworker is required to assign it to the Child Safety Specialist (CSS) for review. Using defined screening criteria the CSS determines whether the case will receive a full or partial review. The CSS provides expert consultation to the worker and supervisor as to what issues/dynamics that impact child safety may have been inadequately addressed in prior investigations and suggest methods for gathering that information.
- Second Approver Cases<sup>86</sup>: These cases are also identified by IMPACT as requiring CSS review. These are cases with any disposition other than Ruled Out or Administrative Closure that are not being referred for services beyond investigation. The purpose of the CSS review in this scenario is to validate that safety has been adequately addressed in the investigation or to override the supervisor's decision to close the case if safety has not been adequately addressed.

Finally, CSS also serve as second approvers on all child fatality cases. There is no exception to the CSS review on these cases. They also review any case that the field requests them to review as long as their mandated workload permits.

Though critical in nature, this work is not considered part of the typical quality assurance / quality improvement cycle. High Risk case reviews are the responsibility of 43 Child Safety Specialists and 7 lead CSS who reside in the Regions but report to the DA for Child Safety (See Figure 71).

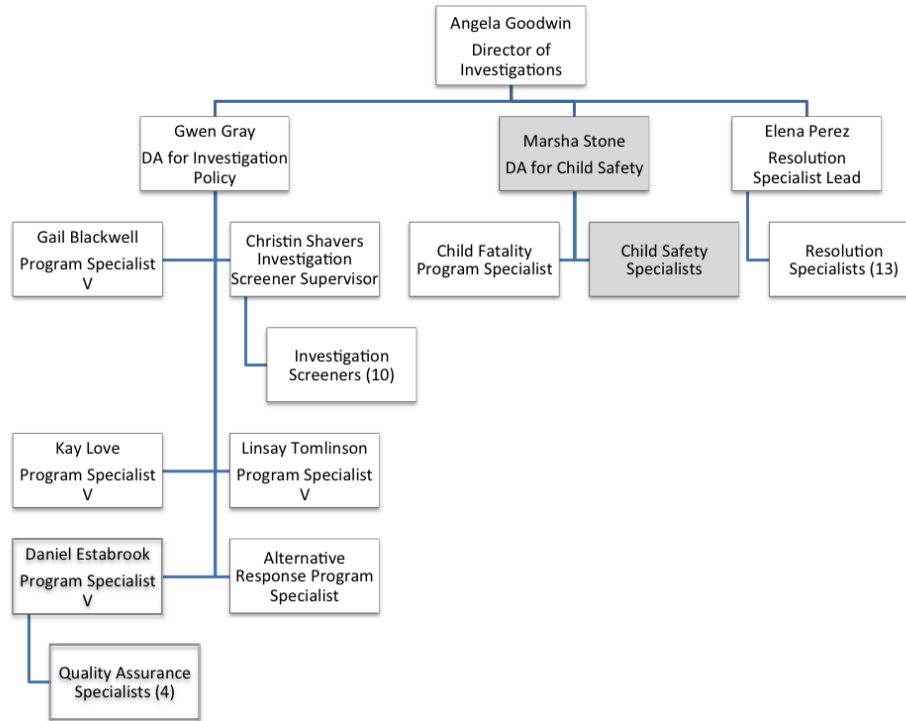
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<sup>85</sup> See 2346. Multiple Referral Reports in the CPS Handbook

<sup>86</sup> See 2822. Investigations That Require a Secondary Approver Before Being Closed in the CPS Handbook



Figure 71 - Child Safety Staff Organizational Structure



### Additional Processes

No less important are other State processes designed to collect and assess quality of performance and outcome data. During the course of this assessment The Stephen Group identified the following practices, which should play a critical role in the quality management structure:

- Fatality reviews investigate the circumstances surrounding cases involving a child death.
- Ad-Hoc Reviews: In the past, CPS has conducted ad-hoc reviews of specific quality issues that included “real-time” case reads.
- State and regional staffs conduct independent reviews of various factors at the local level.
- The Internal Audit Division conducts internal audits of various issues impacting CPS services.
- The Office of Consumer Affairs is responsible for investigation and resolution of complaints.
- Initiative-specific evaluations are used to establish the impact and efficacy of various projects.

## Method and Practice of Managing Quality Assurance

Quality assurance is not guided by a statewide plan, which clearly coordinates and provides administrative guidance to various activities and processes. Though the department has operated under a CFSR Performance Improvement plan for several years, there is no apparent mechanism through which data collected through various QA processes managed by separate departments is compiled into a single, actionable plan. Each identified QA process serves a distinct and important function within the CPS system but seemingly operate in a siloed environment with limited cross-functional coordination. Though the overall structure of quality assurance activities are fractured within CPS, staff competency and commitment to ensuring quality casework is performed is impressive. They demonstrate a comprehensive understanding of the various aspects of case practice they are responsible for reviewing and have implemented solid processes validating their respective quality areas.

At the State level, significant data is available through management dashboards and reports, but management by this data is the responsibility of regional level staff. As a result, a “critical few measures” are not available by which performance is evaluated, compared and improved. It is important to note that there are current initiatives underway to develop a “Data Placemat” which will serve this purpose. The measures in the proposed placement are designed to provide a common set of outcomes to guide performance at both the State and regional levels.

Staff responsible for performing quality assurance functions report that data reports and some QA functions focus heavily on compliance-related factors and, often, field staff have developed “work arounds” to meet compliance requirements. For instance, to meet compliance standards surrounding the timeliness of data entry, field staff have been found to have entered commentary like, “Met with Family – notes to be entered at a later time” in order to meet the requirement.

Similarly, attempts at initial contacts with families by FBSS staff may be completed timely in order to meet statewide standards but, if unsuccessful, follow up contact isn’t made or completed in a reasonable timeframe. To its credit, the format and strength of the CFSR QA process used by the State will often uncover these worker “tricks”. Unfortunately, as the process isn’t necessarily implemented in real time, these instances are identified after the case is closed.

QA staff also report there is an unbalanced emphasis on compliance in comparison to quality and that compliance data is used in a punitive manner. As staff bonuses can be tied to compliance related factors, frontline staff may be negatively incentivized to find ways to “work around” the system. This mindset can prove contrary to and negatively impact quality casework.

## Regional Quality Management

At the Regional Level, there are no requirements for implementing or maintaining local quality review processes. Further, each Region independently determines how to best respond (or whether to respond) to Quality Assurance findings compiled by either the CFSR or Investigations teams. Though there are training resources and tools (DAPIM) available to the regions, Regional staff report they do not consistently apply or use of these at the local level.

Regional Directors report there is not a cohesive approach or plan for improving quality from the State level and state-level coordination has occurred primarily through the State CFSR PIP. Further, they are not required to complete a formal improvement plan as a result of state-level reviews and subsequent reviews are not conducted in manner to ensure identified issues are effectively addressed.

## Method and Practice of Quality Management

Quality management is best defined as having four main components, 1) quality planning, 2) quality control, 3) quality assurance and 4) quality improvement. While there are several distinct processes in place to measure specific quality and compliance factors they:

- Are not guided by a quality, comprehensive statewide plan,
- Do not consistently result in specific procedures or in-process measures designed to monitor ongoing performance, and;
- Inform coordinated, statewide strategic performance improvement initiatives or training plans.

In general, quality improvement initiatives are left to the discretion of Regional management staff. Though support for various training activities and root cause analysis is available through central office, statewide efforts to coordinate these activities at the regional level are not initiated in a coordinated manner designed to actively address core or common QA findings.

Additionally, at a statewide level, findings from the primary or additional QA activities described in this report are not effectively used to inform training plans, improvement initiatives, or future QA activities

***Other States:***

The Administration for Children and Families/DHHS recommends the following approach for states to develop robust QA/CQI system:

- All key stakeholder groups determine measures to be used.
- System of care governance body uses data from the continuous quality improvement program to inform all major decisions they make.
- Processes and instruments gather information on short-term, intermediate, and long term outcomes.
- Results are used continually to improve systems of care for clients and families, practitioners, administrators or governance and policy.
- Continuous quality improvement activities are integrated into all aspects of systems of care.
- Client outcomes, program performance, and system measures are part of the continuous quality improvement process being assessed.
- Personnel within systems of care have maximum access to data, creating a continuous learning environment.
- Using data consistently to guide fiscal and programmatic decision making.
- Utilize a management information system/data warehouse that can track data across agencies, if possible, and can produce data to inform decisions.

State Child Welfare agencies are in the process of trying to align developed or under-development practice models with their Quality Assurance and Improvement strategies tied to metrics required by Federal reporting requirements and unique State identified data points. Benefits of this approach include promoting consistency across practice model implementation based on measurement; providing metric data relevant data points to field and supervisory staff to enhance practice model implementation and delivery; provide field based information for training adaptation approaches for field and supervisory staff and provide field based information that can inform the development of Policy.

States such as California (participating counties), Michigan, Pennsylvania, Virginia, and Minnesota have identified strategies that have achieved some level of integration with practice model development/implementation, Quality Assurance and Improvement, and metric data. The TSG final report will include a more detailed analysis of several of the states as well as New York.

***Comments from the field:***

"I read lots of cases and try to look at how we are conducting ourselves in the case, how we are offering services and managing the case, and when you see progress in a case where the client is engaged, the client is in services - that tells me we are successful. If they have a good experience with us, what they learn in the services will last longer and they can take away a negative. A negative starts the process but if you can end it in a positive way, you accomplish something."

"We always hear about the CPS goal of well-being and permanency, but are we really reaching those goals. We can never seem to find that out." Legislative Staff

"What is achieving success?" "To measure well-being by recidivism?" "And when we get there what are we doing to make sure we sustain it?" Legislative Staff

"When we talk about an approach in each of the regions what is lacking is an identification of what are the issues and what does the data tell us within each region."

"For example, we are told that CPS is now deploying "Master Investigators." Why are we sending Master Investigators to all regions when they each have different needs"

"This is the same way they handle the budget and their requests for funding." "On averages for entire region." Legislative Staff

"In the past, we have asked for a one page document rolling up the critical and important data. Pick your key five benchmarks and spell them out. Show me how they will address positive outcomes." Legislative Staff

"The State is more concerned about policy and paperwork than they are about hearing and implementing our feedback. They are more interested in budgets than they are interested in "best practice" of children!" – Survey Respondent

**Overall Quality Assessment**

While DFPS and CPS have developed strong, independent processes designed to assess performance, there is a noted lack of coordination of these processes and their respective findings in a manner capable of achieving continuous quality improvement. It is important that data from all sources (audits, independent reviews, external evaluations, etc.) be evaluated, compiled and translated into actionable, operational information. It is also important that a process for monitoring and tracking whether improvements have been made at the Regional level is implemented. Overall, TSG found QA staff responsible for various functions are enthusiastic, prepared for change, and demonstrate a strong desire to facilitate improvement across the state.

To accomplish this, it is imperative their findings and reports result in meaningful actions at the local level and in each region of the state.

To this end TSG evaluated CPS' approach to quality management by reviewing process components in relation to best practice and accreditation standard, comparing the quality management framework to Baldrige criteria, examining workflows through process mapping, and interviewing key stakeholders. TSG found:

- CPS does not have a mechanism in place to collect input from customers, stakeholders, partners, or collaborators and determine what performance measures are most important to them.
- Quality improvement procedures are not defined or implemented through a single, statewide plan.
- QA functions are siloed in different departments and are not coordinated.
- System data and QA findings are not used to inform a comprehensive statewide strategic plan, which supports continuous improvement and learning.
- There are no requirements for Regions to act upon quality assurance findings or implement improvement plans.
- Regional staff do not consistently access, and are not always aware of technical assistance, training and supports that are available to them.
- There is no mechanism to follow up on findings and determine whether process enhancements have been made or if outcomes improve as a result of those enhancements.

## MEDIA AND COMMUNICATIONS/GOVERNMENT AND STAKEHOLDER RELATIONS

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“Re-vamp your Press Office to model what other State agencies are doing - i.e., lots of positive, daily press, instead of constant, reactive *mea culpas*. This would help morale, retention, public support, and budget discussions.” -- Survey Respondent

“CPS is too crisis-driven and reactionary” – Survey Respondent

### Media Relations

#### *Field Observations*

TSG interviewed a number of DFPS and CPS staff, individuals within the legislative branch and stakeholders to develop an understanding of the current state of the agency’s media and communications efforts. These interviews were done both in person and over the phone to ensure engaging a broad range of views on the subject.

The clear and highly consistent message TSG heard could best be encapsulated by one CPS staffer who stated, “We are a crisis-driven, reactive type of department.” The focus of the media efforts by the agency seems driven by responding to “complaints and tragedies,” as one legislative staffer described. As a result, one communications staffer says CPS “takes a hammering in the media.”

This reactive approach also appears to be uneven and muted. Several staff members suggested the agency should have a consistent, forceful response when high-profile cases take place. One communications employee said CPS needs to “be much more aggressive in its response,” while a legislative staffer stated that “they seem to let stories get on top of them, as opposed to trying to fight through them.” One agency employee was concerned that the department, via decisions made in leadership, gives more information, special access and preferential treatment to those media outlets who complain about CPS most vocally, thus giving an incentive for the media seeking information to present more critical coverage, while simultaneously undercutting staff who has not been authorized to release the same material, which “makes me feel incompetent at times.”

Within a reactive communications strategy, CPS is severely limited by State law which protects against discussion by the agency of case-specific information without the consent of the parties involved. This leaves CPS with a severe handicap, as any many other groups involved in the process, such as parents, judges and law enforcement operate without this level of restrictions. One communications staffer stated that media believe “we are simply hiding behind these laws to cover up mistakes.” This person went onto to say this perception is reinforced when additional information is given by the agency at a later date after it is initially denied.

Both department and legislative staff have expressed frustration that CPS gets attacked by various groups like judges, law enforcement and CASA who understand that the agency is simply unable to respond to case-specific details, and thus have “shifted the blame that belonged to them” towards CPS. Meanwhile, department leadership has expressed that communications staff should not “throw under the bus” these same groups, as the agency needs to maintain a working relationship with them. This environment allows CPS to become what a legislative staffer calls “a whipping boy” for any problem, or perceived problem, that takes place within child protection system.

The interviewees indicate that as a result of media coverage, the public’s view of the agency is “overwhelmingly negative and has been (for over 10 years),” as one communications staffer described. Another said, “We can’t win. It’s too easy to blame us for any problem, and we just have to sit back and take it.” A legislative staffer suggested that the negative publicity generated toward CPS had led to “laws that act like they fix a problem, but really just micromanage” the agency and “that hasn’t changed in the past 15 years.”

Nearly everyone who was interviewed said that the negative media coverage had an adverse impact on agency morale. This is particularly true with the restrictions on CPS from releasing information. One communication staffer stated “the scrutiny which our workers undergo is horrible when the whole story isn’t out there.” Interviewees talk of other employees who have indicated that they tell their children that they work “for the State” and not specifically which agency as well as staff who have been harassed at church and other social settings for working for the agency. One senior staffer said, “There’s no doubt [the negative perception] contributes to turnover as well as good people not wanting to work here.”

Several subjects suggested that the prime focus of communication efforts now are department staff, not the public or active stakeholders. “We are totally focused on talking to our own people right now,” said one staffer, who expressed a desire for a more external focus and said “we’ve got to get out our story by any means, including our website, social media and any other avenue,



but we're not now." A communications staffer said, "We hear about the great stories that are happening, but no one else does. It's unfortunate, because we have great things going on."

Various department, legislative and stakeholder workers have expressed that CPS should become more proactive in discussing the agency's good work and positive impact in the lives of many. One staffer said there are "two to four press releases each year" relative to CPS and "the vast majority of the news comes when a reporter calls after a bad situation." A legislative staffer called the agency "timid" and needs to "take a more hands-on approach" to getting the agency's message to the public.

One department leader suggested that CPS has directed local efforts to seek out positive stories to highlight for several years, but these efforts appear not to have received support throughout the organization. One communications staffer said the received message is that a proactive media strategy "would simply draw attention to CPS that we don't need. It would put a target on our back." Another said, "I'm here to give information to the public. I'm not a PR person for the department" and that seeking proactive, positive communications "is asking reporters to do you a favor." A third said, "There no willingness to take risk here in promoting the work we do."

A possible reason that one interviewee identified for reduced media outreach is a lack of media training for top management. "Upper management doesn't understand the media and how it works," this staffer suggested. "They're afraid to engage" for fear of making the situation worse or sharing restricted information.

A recent development, however, appears to shows signs of seeking proactive coverage and outreach. The new release of new foster care rules garnered positive news stories for DFPS and CPS and demonstrate what it possible with a committed, focused effort to shift from being a reactive to a proactive culture of media engagement. Moreover, CPS is working to create an external stakeholder newsletter to keep key constituencies apprised of changes in the agency as well as to build greater communication between key groups who are directly impacted by policies.

### ***Public Record Review***

A review of the DFPS website's online newsroom<sup>87</sup> shows fewer than five press releases posted regarding CPS in each of the last four years. This would appear to validate the perception that

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<sup>87</sup> [http://www.dfps.state.tx.us/About\\_DFPS/News/default.asp](http://www.dfps.state.tx.us/About_DFPS/News/default.asp)

the agency does not proactively seek media coverage to promote the positive activities performed by its employees regularly.

By contrast, Florida's Department of Children and Families<sup>88</sup> frequently appears to out-produce CPS' annual content monthly and, at times, weekly. Nearby Louisiana also produces dramatically more proactive media content on the Department of Children and Family Services' website.<sup>89</sup> Compared to other states, Texas appears to significantly lag in efforts to shape its public message.

A two year review by TSG of newspaper stories through Lexis-Nexis shows that mostly negative stories about CPS outnumber mostly positive stories by a ratio of eight to one. While there is no clear industry standard for child protection agency news coverage, that ratio appears higher than neighboring states, as well as Florida, the most similarly sized state, which was a little over three to one. (TSG's analysis here was drawn from Lexis-Nexis (3/29/2012-3/28/2014). Lexis-Nexis does not cover all news sources and is not comprehensive, but is useful for comparative purposes). Moreover, and unsurprisingly for the nature of the work done by CPS, negative stories also have better placement and are longer in word count than positive stories.

Moreover, even a quick internet search readily finds harsh stories about CPS in major Texas newspapers. One need not look far to find recent stories in the *Houston Chronicle*<sup>90</sup>, *Dallas Morning News*<sup>91</sup> or *San Antonio Express-News*<sup>92</sup> that criticize the agency.

### Summary

CPS does not appear to have a cohesive media outreach strategy. Instead it appears to be responsive to media inquiries after a bad event has occurred. This approach seems to have led to a significant number of negative stories directed at the agency, with no counterbalancing positive accounts for the public to consider.

The consequence of this method appears to be a negative perception of CPS across many members of the public, as well as legislators, stakeholders and, ultimately, agency staff. This

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<sup>88</sup> <http://www.myflfamilies.com/newsroom/press-releases>

<sup>89</sup>

<http://www.dcf.louisiana.gov/index.cfm?md=newsroom&tmp=category&nid=228&pnid=20&pid=0&catid=2&fmid=0&elid=0>

<sup>90</sup> <http://blog.chron.com/houstonpolitics/2014/02/why-is-harris-county-just-now-getting-a-cps-court/>

<sup>91</sup> <http://www.dallasnews.com/news/metro/20131214-when-cps-workers-accept-lies-children-can-die.ece>

<sup>92</sup> <http://www.expressnews.com/news/local/article/Texas-foster-deaths-hit-grim-record-5098972.php#/0>

perception creates real-world problems in terms of adverse legislative action as well as for morale within the agency, which impacts the ability to recruit and retain quality employees.

One positive development recently was CPS' proactive effort to inform the public about new foster care protection rules. The release of this effort and the encouraging stories that followed could be a sign of an agency poised to shift its strategy to one of actively engaging the media and work to build consistent earned media that informs the public of the constructive steps CPS regularly takes, but frequently go unnoticed. This endeavor bears watching to determine if it a one-time occurrence or a signal of a new approach.

## Government relations

### *Field Observations*

TSG met with and/or interviewed individuals spread across all branches of government to gain an understanding of how CPS is viewed by key policymakers that interact with the agency. In short, we sought to determine where the agency is succeeding in establishing strong relationships with policymakers as well as the areas where some improvement may be needed.

As we spoke with individuals representing the various entities we heard very similar themes – both positive and negative – that will be discussed below.

### *Positives*

The two main positive messages that we heard from the individuals that were interviewed is 1) they want to be supporters of CPS in its efforts to improve its performance and fulfill its mission and 2) there is a great deal of respect for the DFPS Commissioner and his ability to lead the agency.

Every policymaker we interviewed spoke passionately about the need for CPS to be a high performing agency. They understand how vital it is for safety and well-being of the children of Texas that this agency “gets it right.” For this reason, CPS has a benefit that many other agencies don't: support from policymakers – including financial – to help the agency improve. As Senator Jane Nelson stated at a public meeting in February at which Commissioner Spacia testified, “You have the commitment from the Committee to invest in improvement.”

Another consistent message from the policymakers that we interviewed is that they have confidence in Commissioner's ability to lead the agency and relationships with the legislature

have improved under his leadership. One legislative staff member said, “The legislature has the utmost confidence in Judge Specia.” A second legislative staff member noted, “leadership makes a huge difference at DFPS and Judge Specia is improving the relationship.” CPS staff that interacts with the legislature has noticed this sentiment.

DFPS can use of these positive observations to continue building support for improving CPS.

### *Areas of Improvement*

Throughout our interviews and research we did hear of some areas in which CPS could improve its standing with key policymakers in the state, which are outlined below.

#### **Legislatures and Policymakers Lack Confidence in Budget Staff**

A main concern about CPS that we heard from legislative and executive policymakers was about the information coming from the budget office at DFPS, which we have discussed in more detail in this Assessment's budget section.

Some of this stems from the most recent budget request for 1,000 new front line staff, which was fulfilled, only to have the agency not be able to hire the new workers. However, this incident appears to be only the latest episode in a lengthy frustrating pattern. The legislative staff feels that “there is no strategy when they ask for LAR.” Another individual we interviewed said “One of our big questions is how did they come up with the LAR request? What is the process? Because it always seems as though when they get to the legislature there are things in the LAR that they did not research or take into consideration. There is no pre-strategic planning.”

Additionally, there is also a sense among some legislative staff members that CPS needs to be more transparent and forthcoming with information when requested. We did find that there is recognition by legislative staff, however, that CPS has been more transparent with budget, as well as with other issues impacting the agency recently.

#### **Lack of Useful Data from Agency That Will Help Track Progress**

Based on the information TSG received during its interviews with policymakers, another area in which CPS could improve is by providing policymakers with better data, in a more usable format, that will help track outcomes and success. Currently the legislature receives what legislative staff termed a periodic “data dump, which is in the form of a dashboard, but the information is not in a format that is understandable. One policymaker said, “CPS needs to provide more context behind the data sets.” Another legislative staffer was more direct: “It’s hard to benchmark what they do – their metrics don’t make a lot of sense to the legislature. In

the past, we have asked for a one page document rolling up critical and important data – pick your five key benchmarks, spell them out and show me how they will address positive outcomes.”

The legislative staff members that we spoke with also expressed that the legislature understands and appreciates how difficult the jobs of front line CPS staff are. They believe that CPS could better use data to assist the front line staff in doing their jobs.

#### **Lack of Outreach to Legislators who are not Directly Connected to Agency**

During our interviews we heard from both DFPS and legislative staff that the agency does not make sufficient efforts to reach out and build relationships with members of the legislature that are not on key committees. It was pointed out that, “Most legislators don’t have a clear sense of what CPS does.” This can hurt the agency when there is a case with a bad outcome and the legislators from the area where the case happened is asked to comment on the case.

One DFPS staff member noted, “regional directors used to reach out to their local legislators to discuss CPS in their region, but that doesn’t happen anymore.” It does not seem that CPS has communication with a lot of legislators until something bad happens.

The agency seems to react to issues with the legislature when they call instead of proactively developing more relationships.

#### **Lack of Internal Communications when Legislator or Staff Contacts Agency**

During our interviews with DFPS staff we learned that there seems to be a lack of coordination when a legislator contacts the DFPS Office of Consumer Affairs. “If the Office of Consumer Affairs gets a legislative inquiry, they work to resolve it, but they don’t contact [DFPS] Government Relations.” In failing to notify the Government Relations team of the legislative inquiry, the agency is missing an opportunity to allow the Government Relations team to follow up and make sure the situation was resolved, establish a relationship with a legislator, or expand an existing relationship.

Government relations should also be informed any time a legislative request comes in to a program office within the agency. A legislative staff member who indicated that there has been a lack of meaningful feedback from the agency when a legislative inquiry is made confirmed this view. If the Government Relations team is informed of the request they can ensure that this request is fulfilled timely and completely.

**Lack of Reporting Requirement from Other Parts of CPS to Government Relations Office**

The agency needs to improve the communication between the DFPS Government Relations team and the other parts of the agency. The agency seems to lack a clear organizational connection between Government Relations and the legislative coordinators (every program has a legislative coordinator to review bills), with the coordinators reporting only to their program superiors. The information we received during our interviews indicates that CPS leadership has a strained relationship with DFPS Government Relations, at times stemming from a disagreement with DFPS goals.

DFPS Government Affairs should coordinate better with CPS leadership, Regional Directors and HHSC Government Relations. In short, by strengthening relationships within its own agency, the DFPS Government Relations teams can strengthen relationships outside of the agency with key policymakers.

**Summary**

The reputation that DFPS has with the legislature of not being completely transparent or forthcoming with facts that are not necessarily favorable seems to be slowly changing. Since Judge Specia arrived as the Commissioner at DFPS the agency's relationship with the legislature and other high-level government policymakers has clearly improved. This sentiment was reflected in a comment made by Senator Judith Zaffarini at the conclusion of a recent public hearing when she thanked Judge Specia and Commissioner Janek for "one of the best presentations she has heard on CPS." She also stated that she felt the answers they provided this time were very different and "sensed no defensiveness." She felt that "now they are on the same side."

This improved relationship is very positive, but there are also some areas where the agency can continue to improve and build on the progress that has already been made.

**Stakeholder relations****Field Observations**

"CPS is one player in a large system. This is a community with many partners all serving one goal and that is to enhance child safety – we should be sharing information about the child and well-being." This is how one legislative staff member described the child welfare system in Texas. TSG has met with many of the other stakeholders in this "community" to assess their

interplay with CPS, including the Supreme Court Commission on Children and Families, Casey Family Project, Children's Advocacy Centers of Texas, the Children's Advocacy Centers (CAC) in multiple regions, Court Appointed Special Advocates (CASA), and others.

Some of these stakeholders have said that they "have a great relationship with the agency." Others expressed frustration with the lack of information in which CPS allows them to have access. Multiple stakeholders indicated their interest in the IMPACT modernization project that CPS is currently developing. One stakeholder said "A lot of stakeholders are interested in the IT upgrades. What will they keep track of? Who will have access?"

Access to this information is important to the stakeholder groups, but is also important to legislative leaders. One legislative staff member said, "We want the system to allow CASA, the CACs and other key community providers to be able to obtain important information on the child." Currently CPS seems to share information well with some of the stakeholders mentioned.

## Stakeholder Forum

On April 23, 2014, with the support of DFPS and CPS leadership, TSG held a forum to give stakeholders to offer comment on any area within the scope of CPS operations. Over 60 individuals attended and individuals from many walks of life spoke at the forum, from legislative staff, child protection service providers and their representatives, interested associations and members of the public.

The meeting was critical to hearing the public perception of CPS, through the eyes of those who are outside of the organization, but who work directly with them. The insight that many of these groups hold did a tremendous job to help paint a clearer picture of both the agency's activities and the public's perception of how CPS is doing.

What we heard:

- There is a disconnect at CPS between policy and practice when a law is passed setting policy and some CPS workers do not follow the law. An example given was when CPS disregards bringing children to court when required by law
- There seems to be little accountability when law or policy is ignored. For example: nothing happens when you do not allow visitation required by law
- A former CPS staffer gave as a reason for leaving that CPS workers don't have a voice. Said they need to know that their voice is being heard

- The agency needs to demonstrate that any additional resources going towards reform recommendations deliver a return on investment and there is value added
- Workers need time saving and innovative tools used by other states CPS workers for documentation. This promotes efficiency and cost savings
- CPS is not fully leveraging non-profit and other agencies services for families for families involved in cases. CPS might not be fully aware of these services and how to utilize them best
- Caseworkers can get access to existing services in the community, such as 'Rainbow Rooms that are available now, but not fully utilized
- Ensure that technology is maximized in a way that reduces the workload for caseworkers
- Review the data entry of caseworkers to ensuring they entering information that will be important in measuring outcomes and improving child safety and well-being
- Keep a focus on evidence-based practices and mitigating risk for children.
- Ensure the privacy rights for victims, families and accusers
- Ensure the assessment findings send a proactive and positive message

It was clear from the tone and tenor of the comments at this forum from these stakeholders that they understand the critical role of CPS and view this assessment as an opportunity for improvement across the agency. This mirrors the comments we have heard from stakeholders from all parts and corners of the state. Uniformly, the individuals present made abundantly clear their focus was on constructive advancement of CPS and they want to be part of a solution.

### Child Advocacy Centers

Child Advocacy Centers (CACs) work to coordinate joint investigations of child abuse and neglect between CPS, law enforcement, prosecutors and other care providers to ensure a seamless transition between investigation and care after a traumatic situation, particularly is high priority sexual or physical abuse cases. Annually, CACs sign agreements with CPS and other groups to establish multidisciplinary teams (MDTs) to interview and deliver services to victims of abuse.

The CACs we visited in the regions are very effective, and we found that the CPS units co-located with the CACs showed clear signs of integration and collaboration between all staff. There are a total of 18 CACs in Texas where CPS uses or leases office space and houses a number of CPS investigative staff and supervisors. Not only did we observe good teamwork and



integration, we also reviewed turnover data that seemed to indicate the turnover among CPS staff embedded within CACs was remarkably lower than that of CPS staff not located at the CACs but working in a region close by (we reviewed data that showed a 19.7% difference, but the turnover data reviewed may not be statistically significant, since there is a much smaller number than total CPS workforce).

However, we were informed of a recent roundtable discussion that included CAC and DFPS and CPS staff where a top concern was the disjointed nature of these cases which could mean a missed opportunity to provide wrap-around services and engage MDTs as proposed by the legislature. Both sides agree that the disjointed coordination can reduce the usage of best practice model found at the CACs, which can hurt case outcomes both for prosecutors and for children involved. Thus, despite the clear policy goal set forth by the legislature of collaboration, there still remain many ways to strengthen the relationship between these groups.

Much of this lack of coordination is driven by confusion by CPS and law enforcement whether a notification by fax or email by Statewide Intake constitutes a police report and if a child involved should be brought to a CAC. Thus, there is often a jurisdictional issue as to whether it is a CPS or law enforcement issue that can often lead to significant delays. Since CACs cannot initiate interviews, they must wait for a partner agency to begin the process, which can add weeks, or even months to the determination of a case. This can lead to duplicative interviews and an ongoing discussion as to whether a case might be civil or criminal in nature.

### *Summary*

The interviews we conducted that CPS has a good relationship with most groups. These groups understand the challenges that CPS faces and want to work with the agency on the shared goal of improving child safety and welfare. It seems that the most common criticism that stakeholders have of CPS centers around the sharing of information, with much interest being on how the agency integrates more information into IMPACT during the modernization project. Stakeholders and legislative leaders are both interested in seeing critical case information shared to enhance child safety.

## INFORMATION TECHNOLOGY RESOURCES

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In this Information Technology (IT) Resources section, TSG examines the way the systems support the users' needs and the process by which CPS prioritizes new technology work. This analysis is based on information collected during field visits and from State Office discussions, this section evaluates whether IT is meeting the needs of the CPS business areas.

### How Well IT Systems Support CPS Users' Needs

#### *Description*

There are a number of technology components that provide support to the work the investigators, FBSS Specialists, FGDM caseworkers, CVS caseworkers, Kinship caseworkers, Foster Care and Adoption caseworkers, Administrative Assistants, Human Services Technicians, other regional and State office specialists, as well as regional and State Office leadership. The most significant technology components are listed below. For additional technical information on the data, network, and hardware and software, please refer to Appendix D – CPS Technical Infrastructure. For detailed specifications on the Desktops and Tablets used by CPS, please refer to Appendix F.

- Tablet Computer that enables access to the following:
  - IMPACT is the workhorse application of CPS. The IMPACT application has many connections to significant external data sources that provide useful information to help users of the system do their jobs.
  - DFPS Forms is a database of forms, most of which are available in English and Spanish, to support all stages of service. There are state-wide forms as well as local forms in this database.
  - RightFax is the electronic fax capability for incoming and outgoing faxes to and from third parties.
  - Microsoft Outlook provides email capability and calendar functions on the laptops, desktops and iPhones
  - Word is used by the caseworkers to prepare documents for external purposes, most notably court documents

- Web browser that enables the workers to review the CPS Handbook, the Policy Manual and other internal CPS information stored on the intranet
- Adobe Reader is used to read incoming information from third parties such as therapists, drug test reports, medical records on children, and many other types of information
- DragonSpeak for voice recognition to support the case work dictating notes and transcribing their notes
- iPhone that enables access to
  - A mobile app that provides some of IMPACT's key functions offline
  - Email and calendar
  - Google maps
  - Gas buddy
  - An ability to use the iPhone as a hot spot to allow the caseworker to use their tablet from any Wi-Fi enabled location
- Mobile printer
  - Some caseworkers have a mobile printer to use in the field with print and scan capabilities

Figure 72 - removed

### **IMPACT Description**

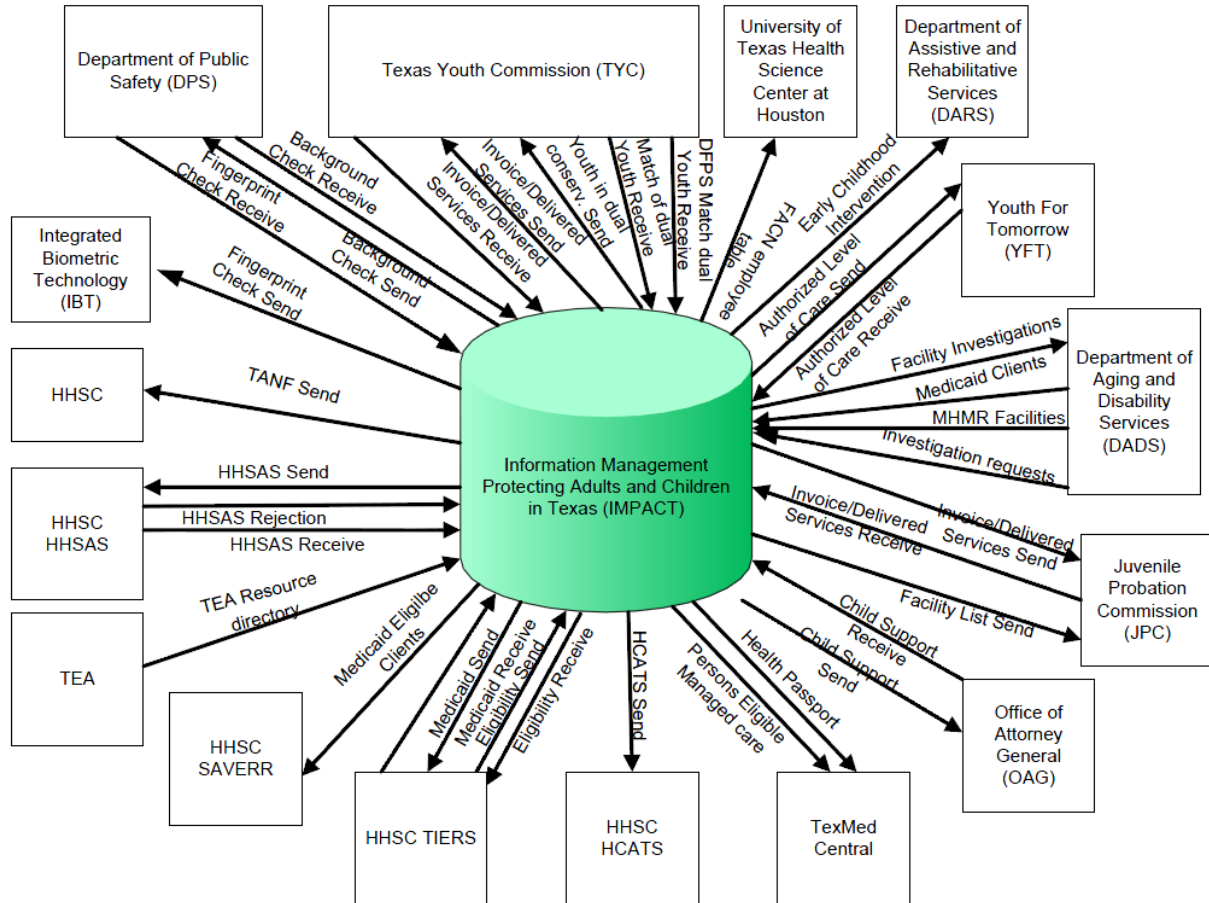
IMPACT is a federally-certified SACWIS system that serves as the master repository of information on allegations of abuse and neglect, investigations, family based services, conservatorship, foster care and adoption. It supports every stage of service in the Child Protective Service scope.

Figure 73, below shows many of the existing data available to users of the IMPACT application<sup>93</sup>.

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<sup>93</sup> DFPS IMPACT Modernization Business Case, 8/26/2013, Appendix A. Please see the Glossary for acronym translations.

Figure 73 - IMPACT Data Architecture



**IMPACT Assessment**

*Usability*

- Upon first examining a case, it is difficult to get a “big picture” from IMPACT to workers. A better high-level view of the case is needed in IMPACT.
- The ease of quickly understanding the family/individual history needs to be improved especially when case goes to CVS.
- The process to enter basic information, such as contacts and addresses, could be simpler. There are a number of extra clicks required to navigate to the right place, enter the information, validate the information, and move to the next person to enter the same address information into the case.

- It's slow to print out certain needed documents. It would be helpful to have a quick ability to print an entire family's history.
- The safety and risk assessment data form does not seem to support the front line worker's thought process. The investigators and FBSS caseworkers report they find the information repetitive with what they have already included in the narrative. Given that policy requires the safety assessment seven days into the case and the risk assessment 30 days into the case, the investigator has already reported most of the relevant content to their supervisor during a staffing.
- The lack of ability for IMPACT to export information into a Word document is a major constraint in producing the necessary documentation to go to court. There are some workers who have figured out how to export from IMPACT to the Notepad to Word but most don't know how to cut and paste information from IMPACT into another location.
- IMPACT lacks facility to import data into a case file. This leads to the need to enter data manually
- There are tight controls in IMPACT over the steps required to complete the form. As there is regional variability in the sequence of the process and in some steps that aren't required, the individual caseworkers report extra work to bypass the validation process. In some cases, these workarounds are as simple as entering N/A in a few fields. In other cases, the workers report cutting and pasting information into a separate form to force IMPACT to allow them to proceed to the next step. The lack of standardization of regional processes, down to the step-by-step level makes it difficult for IMPACT to automate the details of the process.
- If you accidentally enter information in the wrong place, there are tight controls over correcting a mistake. For example, if a caseworker is simultaneously working on two cases and accidentally enters a person as a contact for the wrong case, the caseworker is not allowed to correct their mistake. Naturally, the controls on IMPACT are tight around casually moving people between cases. The error correction process could potentially be a little easier on the worker with more emphasis on generating sufficient audit trail reports to prevent abuse.
- There are many places in IMPACT that require duplicate entry of information - such as across multiple children in a complex case. There are many places where IMPACT doesn't pre-populate information from prior stages of the case or from prior visits. There is a balance needed between the control to encourage a worker to think through exactly what to say about the most recent visit and the amount of time the worker spends documenting repetitive information.

- There are also places where IMPACT assumes the process is much more linear than the reality of the cases are. For example, if an investigator creates 2054's to request Purchased Client Services for a family and then tries to close the case to transfer it to FBSS, they must delete the 2054's. The FBSS worker then needs to recreate the 2054's.

### *Printing and Scanning*

- There is still a large quantity of printing paper files, assembling binders of case information, and then scanning printed information to send files from one region to another. The need to print seems to be a function of the third party information that is not loaded into IMPACT. This prevents the transfer of the case being as simple as emailing a reference number to all electronic information contained in one place.
- There doesn't appear to be an electronic way to link a folder of emails to a case and automatically upload that history of communication. Likewise, the incoming faxes come in electronic format. There could be a way to upload incoming fax information to an IMPACT case.
- The records retention process has recently been vastly improved. However, some caseworkers report the usability is poor because it lacks an effective index of the scanned paper file. The Administrative Assistants also report a quota of the number of files per month they are allowed to send for electronic scanning.

### *Support for prioritizing, scheduling and assigning investigations*

- IMPACT seems to do a sufficient job supporting the steps of the Investigation process.
- It is not always in sync with the current version of policy and procedure.
- It lacks a wizard or intelligent agent to help newer workers remember all the steps they must complete before they can close a case. Investigators report occasionally getting fairly far towards closing a case before IMPACT prompts them they are missing a form.
- IMPACT does not appear to help the supervisor assign work.
- It doesn't appear to have a workflow manager for investigators and supervisors to share a joint view of what tasks the investigator is scheduled to do in the near term or how overloaded this worker may be.
- IMPACT was built in a time when all documentation was typed into a given field by the investigator. In today's world, the investigator often records an interview as an audio recording using their tablet, takes photographs on their iPhone and also takes written notes. The case documentation is really an aggregate of a number of things on a number of media. The formal validation that everything must be typed into specific fields may

need to be rethought as the richness of the other available media improves. Though information is all meant to be stored in IMPACT, caseworkers still store much information to CD's – such as interviews, some photos, and police information. Once the information is on the CD's, the tablets don't allow the CD's to be read or written to.

### *Support for Case Work and Case Management*

- IMPACT does not seem to automate all the forms the regions actually use to do their work. Many regions have adopted their own checklists, for things like adoptions, or their own forms, for things like ICM, that are outside of IMPACT.
- IMPACT does not seem to make it easier to interface with the Courts. The documents required to go to court are so different from County to County that it would be nearly impossible to automate every variation. However, there are documents, like the monthly case summary the caseworker uses to discuss the case with their supervisor that would be useful to extract into Word and then customized by the caseworker for use in court.
- IMPACT does not allow the supervisor to view a case if the caseworker has checked out the case and is modifying it via MPS. As the workforce becomes more mobile, this is a more significant constraint.

### **DFPS Forms**

- There are a significant number of forms that are contained outside IMPACT that the Caseworkers use to document their findings and send and receive information to families and other third parties. There was an assessment done a year or so ago on three forms sources: 1) comparing the forms in IMPACT to 2) the forms in the central DFPS database to 3) forms that aren't even in the central database and just exist regionally.

### **DFPS Forms Assessment**

- The workers find it hard to find the right form, and hard to edit and reuse information from IMPACT.
- CPS needs to put all necessary forms into IMPACT and discourage the creation of separate forms in each region.

### **RightFax Description**

- RightFax is an electronic fax system that allows CPS workers to electronically send a fax from their tablet or desktop and to electronically receive faxes from third party providers. The Department supports a number of logical fax numbers that enable this service to act

much like an email mailbox. The caseworkers use this service as a primary form of communication with law enforcement, the medical profession, many schools, and all the Purchased Client Services providers.

### **RightFax Assessment**

- There are constraints with the fax system and the lack of interface between IMPACT and RightFax. There are steps necessitating a printout from IMPACT, scanning the document into an electronic format, and faxing the scanned image to third parties. It would be helpful if the process could be more completely automated where a simple click would fax the information directly from IMPACT to the correct third party.
- The different regions have set up RightFax a bit differently. Some regions have centralized access to RightFax to one or two administrative employees. This has created some bottlenecks where caseworkers do not have quick access to incoming faxes if the admin person is busy performing other tasks or out for the day. The DFPS personnel have informed us this is a training and setup issue, not a system constraint, and that CPS workers can have individual RightFax numbers if they wish.

### **Outlook Email and Calendar Description**

- The Caseworkers have the Microsoft 365 Office Suite available on their tablet. They use email for internal and external communication. They receive information from State Office on policy updates, procedure changes, and other relevant information via email. They regularly communicate with third parties associated with the case via email. Many caseworkers create an email folder for each case in order to organize all the information exchanged with third parties. This enables them to quickly print all the emails received as they close a case so these emails can be included in the permanent file of the case.
- Some regions report use of the Outlook calendar as a communication tool between a supervisor and a caseworker. This enables the supervisor to know the location of the worker in the event of an emergency.

### **Outlook Email and Calendar Assessment**

- There could be better use made of Outlook as a scheduling tool for coordinating worker schedules. Two examples are 1) CWAs who provide transport and support multiple CVS units and 2) finding time for ad hoc staffing when last minute cases don't fit into the normally weekly or monthly staffing meetings.



- There is a training issue for email accounts since many workers cannot see emails stored from their phone. Employees are creating their folders in Outlook in the wrong place – storing their folders on their laptop/tablet hard drive storage, when the storage should be higher up in the Outlook hierarchy to allow the folders to be stored in the cloud. If done the proper way, workers could see their filed emails in both places.
- Some regional leaders report issues in trying to create and update regional distribution lists for emailing all their staff.
- There does not appear to be much use of Outlook calendars as a way of scheduling shared resources – whether it is conference rooms or times for Human Service Technicians to transport children.

### **iPhone/Mobility Description**

The iPhone is the primary mobile technology now utilized by the field, providing phone service and mobile Internet hotspot for connection to the Internet when users are outside of the office. In addition, the iPhone contains several key applications. MPS enables users to enter data into IMPACT when Internet access is lacking, as is often seen in rural areas. TSG has found that MPS has a mixed reputation with users. Some users expressed mistrust in MPS, due to fear of losing data when synchronization occurs. Nonetheless, MPS is an essential element in getting data into the system. The current take-up is measured by the IT group to be about 19%. Given the newness of some regional workers just now getting iPhones, this small percentage is not totally surprising.

Field workers have also made use of iPhone apps that benefit the work they do for the State. Applications include Google Maps, the Bing Search Engine, Outlook Email access, and Calendar/Appointment tracking. An innovative iPhone field worker usage is GasBuddy,<sup>94</sup> which finds nearby service stations and the cheapest gas price.

The iPhone has geo-positioning capabilities, but IMPACT presently has not implemented the ability for IMPACT to record and store the artifact transmission date, time, and sender location.

### **iPhone/Mobility Assessment**

The vision for Mobility as a way to allow the caseworkers to spend more time in the field with the families and less time driving to the office to enter information or print case files has not been fully realized. In the relatively short time it has been used, the iPhone has become an

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<sup>94</sup> [www.gasbuddy.com](http://www.gasbuddy.com)

effective tool for field workers and the State. The processes still require many face to face meetings between workers and supervisors at the office and the interfaces with third parties are still heavily oriented around faxing, scanning, emailing and printing paperwork.

With mobile phone application functionality burgeoning, there will be opportunities for the State to more closely integrate the iPhone with the IMPACT application, as well as find iPhone apps that aid the field workers in their work.

Users have found the upload of images and video to IMPACT/MPS to be slow - especially in the field. Upload speed is satisfactory in regional offices, but the field upload slowness is a problem. The iPhone usage is now augmented by alternative manual methods, such as the use of paper. Workers sometimes text instead of emailing photographs due to system slowness. The goal is to get all data saved in IMPACT, so these two workarounds are undesirable.

Please see Appendix E for detailed information from a survey of caseworkers in Regions 2, 6, 8, 10 and 11 on their perception of IMPACT, their tablet, and their iPhone.

## IT Systems Support

### Description

The Information Technology staff at DFPS, together with shared services functions at HHSC, is responsible for providing support for the systems development life cycle of work around all the hardware and software used by the CPS employees. This work includes the following key components:

- IMPACT Bug Fix/Maintenance – This work is necessary to “keep the lights on” and to help all users maintain access to the system. For the release of IMPACT scheduled for May 18, 2014 includes ten defects to be corrected. There is also a Help Desk function that answers approximately 9,000 calls per month from users.
- IMPACT Enhancements – This work to continuously improve IMPACT is packaged into releases that are typically rolled out quarterly. From the review of the System Investigation Requests (SIRs), CPS has a major voice and a significant share of enhancements compared with Adult Protective Services and Child Licensing.
- IMPACT Projects – There are additional resources that support project work. Typically, there is sufficient capacity to support one significant project for CPS. For the next fiscal year, Foster Care Redesign is the highest priority project.

- Hardware and software roll-out and upgrades for the tablets and iPhones – There is on-going work to refresh the existing tablets, the versions of software on the tablets, and the rollout of mobile phones to the regional workforce.

For the enhancement and project work, the user community is responsible for determining which priority items the IT staff should work on. There are two IT liaisons, under the direction of the Director of Evaluation and Policy Analysis, that gather input from the Regional Directors and State Office leaders on what enhancements and projects they would like to see. They then assess the requests against a series of criteria to determine priority. The criteria for prioritization are as follows:

- 1 – Any legislative mandate, federally funded item, or Commissioner requests
- 2 – Items directly related to child safety
- 3 – Items that will improve the daily work of the caseworkers
- 4 – Things that help collect better data
- 5 – Everything else

Typically, there are sufficient IT resources to cover priorities 1 and 2 but not enough to satisfy the lower priority items. There are approximately 15 JAVA programmers, 5 database experts, and 8 COBOL programmers who support IMPACT. Overall IT turnover is approximately 19% so retaining the personnel with the right skills to support the application is an on-going challenge and one of the concerns that IMPACT Modernization should address.

### **Assessment**

There is little need to solicit a longer list of usability and productivity related enhancements to IMPACT from the field as long as there is little likelihood of having sufficient resources to implement those ideas. However, the Department could do a cost/benefit analysis of the impact on the productivity, caseload, and effectiveness of the caseworkers caused by not addressing the productivity and usability enhancements relative to the cost of additional staff or contractors to complete more project and enhancement work.

If the Department were to fund additional usability improvements, more direct input from front line workers directly to the IT liaisons would be helpful. Some organizations give different weights to the requests of different user groups based on the number of users in that job classification. Based on CPS headcount, investigators make up a large percentage of the front-line workers and would get a slightly higher weight to their requests than an enhancement

focused on an education specialist – just because there are fewer of the people who would benefit.

The size of the maintenance and enhancement team is fairly small given the size of the IMPACT application and the number of users the application reaches.

## IMPACT Modernization to address Assessment findings

### *Description*

The Modernization project is slated to tackle a variety of upgrades as delineated in the following quote from the DFPS Modernization Project Plan document.<sup>95</sup>

The following are examples of additional IMPACT modernization projects that may be initiated:

- **IMPACT Batch Modernization.** This project involves the conversion of all COBOL programs to PL/SQL or JAVA as well as a refactoring of the batch script to reduce C and improve transport mechanisms where recommended (e.g., web services instead of SFTP).
- **IMPACT Online Modernization.** Use of Enterprise Content Management (ECM), Business Process Management (BPM), rules engine, workflow automation, dashboards, portals and other technologies to modernize IMPACT functionality, workflow and capabilities.
- **Identity and Access Management (IAM).** Implement a COTS IAM to assist in accommodating an expanded IMPACT user community and provide for the user provisioning and authority delegations to the IMPACT system.
- **External Access.** Providing access to up to 12,000 additional users of the IMPACT system by individuals (e.g., CASA volunteers) that are external to DFPS via portal technologies.
- **Usability.** Provide for a transformed user experience of the IMPACT system.
- **Business Intelligence.** Enable sophisticated business reporting that is streamlined, impactful, and readily modified.

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<sup>95</sup> DFPS IMPACT Modernization Project Plan, Oct. 16, 2013, p. 1.

More explicit Modernization IT upgrades are listed below.<sup>96</sup>

- Usability – Analyze business processes, screen flows and data elements to increase the overall user friendliness of IMPACT. Specific target areas include Intake, case documentation, approval flows, and the creation of dashboards.
- Forms architecture - Forms within IMPACT are crucial to caseworker responsibilities as they provide the documentation required by law. The architecture was created in the late 90's and in many cases uses MS Word. The entire Forms component needs overhauling to simplify the process, reduce maintenance hours, and use technologies that are current and off the shelf. This will make it easier to add and/or change forms as policies and laws change.
- COBOL - Impact has approximately 85 batch modules coded in MicroFocus COBOL to support the application and external interfaces. A few batch modules were converted as a proof of concept and demonstrated that by converting the batch code from COBOL to PL/SQL it: simplified the code, increased performance, and removed the need for the agency to keep legacy skills in COBOL. Each batch job needs to be assessed to determine if it should remain as batch or be converted to real-time.
- JAVA framework - The existing GRNDS - JAVA framework is end-of-life (EOL), and while it was very capable in 2003 it is no longer supported and knowledge of the framework is scarce if not nonexistent. DFPS started an initiative to replace GRNDS with SPRING, a mature open framework which is highly regarded throughout the industry, but due to a lack of dedicated resources the project has stalled.
- Tuxedo - the backend data retrieval and processing occurs within the Tuxedo servers, which handle the transaction request coming in from the front-end web servers. These modules are written in C, and while agency staff can make small changes DFPS relies on contractors to perform major changes to the code and infrastructure. The data access module should be written as JAVA EJBs or stored procedures where there is an abundance of skilled resources.
- Service Oriented Architecture (SOA) - The existing IMPACT system was built as a client-server application in the mid-90's where tightly coupled code was required. Two decades later, now SOA or loosely coupled modules are the norm and support the IT road maps of HHSC, DFPS and its Go Mobile strategy.

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<sup>96</sup> DFPS IMPACT Modernization Project Plan, Oct. 16, 2013, pp. 2-3. Also see the filename “Technology Refactoring Matrix.xls” for additional analysis of the current IMPACT architecture and the new architecture to be implemented via Modernization.

- Portal - A new portal version of IMPACT will be assembled to provide access to internal staff and external partners. This will be achieved by modernizing the existing application as described above and using new COTS products - Identity and Access Management (IAM), Business Process Management System (BPMS), Rules Engines, Portal Servers, Business Intelligence (BI) System, and Enterprise Content Management (ECM) to assemble the new SACWIS.
- Business Process Management System - A workflow and rules engine will provide a platform to visually see business processes, its transactions, and make changes to the flow without the need of low level java developer skills.
- Business Intelligence - A BI platform will replace the manually written table based reports. A COTS solution will allow agency resources to focus on the needed report building and not on maintenance of a proprietary home grown reporting platform
- Enterprise Content Management – As with BI, the focus should be on the core business needs of the agency and not building homegrown content management systems to meet these business needs. ECM will lay the foundation and standard approach for the agency to follow for content management
- IAM - Maintaining and securely protecting sensitive agency data starts with a robust identity and access management process and supporting COTS system.

### *Assessment*

Based on TSG's review of the Modernization Plans and communications with DFPS and CPS personnel, TSG agrees that the Modernization effort is important to extend IMPACT's useful life. The Modernization effort brings the application into the 21<sup>st</sup> century and will align better with DFPS skill sets, to enable State staff to perform more of the maintenance tasks on the system.

It is not yet clear how much funding will be available within the Modernization project to address the usability and productivity issues that are top-of-mind to the front line workers. There is a line item for usability improvements within the overall Modernization plan. TSG has not seen a budget breakdown to assess whether the size of the available funding is sufficient to address the issues identified by the regional personnel during the process mapping discussions.

The portal initiative will assemble many of the above bulleted items to provide a better implementation and offer more flexibility in the future, with an initial rollout planned for CASA users. It is not clear whether the new portal will have carryover benefits to any internal users.

## *Performance and compliance reporting*

### **Description**

IT produces a monthly dashboard with metrics on the performance of Northrop Grumman, who runs the Help Desk, the performance of Xerox, who manages server and application availability, customer satisfaction ratings, end user support tickets, security, volume of devices supported, and take-up of mobile applications.

### **Assessment**

Performance is above target on the following metrics:

- Number of Call Center calls answered
- % First call resolution
- Average speed to answer
- IMPACT availability
- E-Reports availability
- % of staff satisfied/very satisfied with RT services

There are some metrics that do not have an established target and are measured as a trend – monthly and year-over-year. These include:

- Number of viruses blocked is down 16.9% year-over-year
- % of Email received that is blocked as spam is up 22.7% year-over-year
- Use of MPS CPS (the mobile IMPACT app for CPS) is up 27% over last year to a 19% overall usage

## **Overall IT Resources Assessment**

The State of Texas has funded DFPS and CPS to provide current tablets and iPhones to all the front-line employees and to invest in creating mobile applications as well as on-going enhancements to IMPACT. The technology is reasonably rich in functionality but a weaker on usability. In particular, the process, policy, and technology could be brought into a tighter bundle of support for how the worker should do their job. In an ideal world, the technology would automate and reinforce the best practice way of the investigator, FBSS, and CVS worker doing their job.

**PURCHASED CLIENT SERVICES**

**Description of and Current Purchased Client Services**

**Description**

Purchased Client Services categorizes the contracts they manage in support of the child safety, permanency, and well-being into those that support CPS, those that support Prevention and Early Intervention Services, and those that support Residential Child Care. The CPS contracts are the largest in number of contracts and number of vendors while the Residential Child Care contracts represent the largest dollar expenditure.

The services performed under CPS contracts as shown in Table 35.

Table 35 - CPS Contract Services

Adoption	Services include: placing the child with an adoptive family; developing an adoption service plan; post-placement supervision of the adoption placement; assisting the adoptive family and their attorney in the completion of the adoption consummation process; and financial assistance, when applicable.
Assessment Services (Home Studies)	Assessment services include Foster/Adopt Home Screenings, Kinship Caregiver Home Assessments, Health, Social, Educational, and Genetic History Reports (HSEGH/Adoption Readiness Reports). DFPS purchases and uses Assessments to make placement decisions that are in the best interest of the child.
CPS TPASS Drug Testing	Drug testing accessed through a TPASS contract.
Claims Processing	Contracted check writing services for the purpose of processing payment to persons and entities having delivered goods or services to eligible clients.
Community and Parent Group	Services with councils, associations, and organizations to develop and expand the activities of groups that promote services to abused and neglected children or their caregivers.
Court Ordered (Non-E&T)	Non-Evaluation and Treatment Services purchased as a result of a court order.
Drug Testing	Substance abuse testing for clients when/if the worker has reason to believe the client has a substance abuse problem and the client denies the problem and/or refuses to participate in substance abuse assessment and/or treatment.
Evaluation & Treatment	Services include assessment and evaluation; services include psychiatric and psychological testing and individual, group, and family counseling.
Evaluation & Treatment - Court Ordered	E&T services purchased as a result of a court order.



Family Group Decision making	Family group decision making is one method of case planning used to ensure effective permanency plans for children. The service consists of a meeting of parents, other relatives and close friends of the family to discuss possible relative or fictive placement of the child. The process emphasizes the family's responsibility to care for their children, and encourages families to connect with others who can help support them.
Homemaker	Services provided to children and families in their homes by trained and supervised homemakers and hospital-setting services requiring 24-hour care of children by trained and supervised hospital sitters during a child's hospital stay.
Intermittent Alternate Care	Provides temporary relief to foster families with children in the conservatorship of DFPS by allowing substitute child-care services from an alternate caregiver.
Interstate Compact for Placement of Children	Courtesy Supervision
Kinship Caregiver Home Assessments and Adoption Readiness Reports (HSEGH)	Services include home assessments of kin or significant others for consideration of a child's placement into the home or a summary report documenting the child's readiness for adoption.
Other	Diagnostic Consultation (SXAB); Fatherhood Project; Intake Case Management Services; Out of State Child Visitation; Pre-adopt review and approval staffing; and Regional PAL Teen Conference
Post-adoptive Services	Services are provided to an adoptive family to help the adopted child and the family adjust to the adoption; cope with any history of abuse or neglect in the child's background; cope with mental health issues the child may have; and avoid permanent or long-term removal of children from the family.
Preparation for Adult Living	Services provided to prepare youth for adult life when they leave foster care. Services, benefits, resources, and supports provided to help youth become healthy, productive adults. The program makes efforts to connect youth to community resources they will need in adulthood.
STAR Health (DC/CR)	Contract for Diagnostic Consultation or Court Related Services (DC/CR) for the STAR Health Program.
Service Levels System	A system of assessing a child's needs when he/she comes into care with DFPS. Levels of care (basic, moderate, specialized and intense) determine type of placement and daily child care reimbursement rate. DFPS staff may authorize Basic level only. For those children who need more than basic care, a third-party contractor must determine level of care.
Substance Abuse Treatment Services	A contract with a Chemical Dependency Treatment Facility (CDTF-Substance Use Disorder (SUD)) or a Licensed Chemical Dependency Counselor (LCDC-Substance Abuse Services (SAS)) providing substance abuse assessment and substance use disorder treatment in the form of individual and group counseling.
Supervised Visitation	Contract for supervised visitation services.

TWC Child Care	Interagency contract with the Texas Workforce Commission that provides protective, Title IV-E foster, other foster and relative caregiver day care through Child Care Development Funds.
Title IV-E (Child Welfare - Financial) Funded Services	A contract with a county government to establish and maintain a child welfare board and reimburse that county for eligible Title IV-E expenditures for the child welfare board and/or foster children.
Title IV-E (Child Welfare - Non-Financial)	A contract with a county government to establish and maintain a child welfare board and to provide for a county-wide, jointly financed (with no expenditure reimbursement component), and State administered program of child protection.
Title IV-E (Legal) Funded Services	A contract with a county government to reimburse the county for eligible Title IV-E legal expenses.
Unaccompanied Refugee Minor	Contracted services for children referred by the Office of Refugee & Resettlement, including group home placement, educational assistance to include English as a second language, and Preparation for Adult Living.

There are contracts to support the Prevention & Early Intervention (PEI) work. The types of PEI contracts are shown in Table 36. These contracts represent a smaller expenditure than the either the Residential Care or the CPS contracts.

Table 36 - PEI Contract Services

Community Youth Development	Provides services to alleviate family and community factors that lead to juvenile delinquency in select communities that have a high incidence of juvenile crime. Approaches used by communities to prevent delinquency have included mentoring, youth employment programs, career preparation, and alternative recreation activities.
Community-Based Child Abuse Prevention	To increase community awareness of existing prevention services and to strengthen community and parental involvement in child abuse prevention efforts.
Community-Based Family Services	Prevention services that are designed to prevent child abuse and neglect. Services include an initial home visit to assess needs of families, case management and an evidence-based parent education curriculum.
Services to At-Risk Youth	Services include: crisis intervention, family and individual counseling, skills-based training for parent and youth, emergency short-term respite services, and universal child abuse and neglect prevention activities.
Statewide Youth Services Network (SYSN)	Evidence-based, prevention services that must work to prevent juvenile delinquency and create positive outcomes for youth by increasing protective factors in the population served.
Texas Families: Together and Safe	Evidence-based services that are designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children and work toward family self-sufficiency; enable families to use other resources and opportunities available in the community; and create support networks that enhance child-rearing abilities of parents.

Lastly, there are contracts to support Residential Child Care (RCC). These services are shown in Table 37.

Table 37 - Residential Child Care Contract Services

Child Placing Agency	A residential child-care facility where a person, including an organization, other than the natural parents or guardian of a child who plans for the placement of or places a child in a child-care facility, agency foster home, agency foster group home, or adoptive home.
Child Specific Residential Contract	A contract with a residential operation that provides services to one child.
General Residential Operation (GRO) Basic Child Care	A residential child-care facility that provides child care for 13 or more children or young adults. Child-Care Services are services that meet a child's basic need for shelter, nutrition, clothing, nurture, socialization, and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning.
GRO Emergency Shelter	A residential child-care facility that provides child care for 13 or more children or young adults. The operation provides a specialized type of child-care services designed and offered to provide short-term child care to children who, upon admission, are in an emergency constitution an immediate danger to the physical health or safety of the child or the child's offspring.
GRO Treatment for Emotional Disorders	A residential child-care facility that provides child care for 13 or more children or young adults. The care includes Treatment Services for Emotional Disorders, such as mood disorders, psychotic disorders, or dissociative disorders, and who demonstrate three or more of the following: (i) A Global Assessment of Functioning of 50 or below; (ii) A current DSM diagnosis; (iii) Major self-injurious actions, including recent suicide attempts; (iv) Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or (v) A primary diagnosis of substance abuse or dependency and severe impairment because of substance abuse. These operations include formerly titled emergency shelters, operations providing basic child care, operations serving children with mental retardation, and halfway houses. The operation is not licensed as a GRO Residential Treatment Center.
Intensive Psychiatric Transition Program	Provides short-term mental health treatment and placement options for DFPS children with intensive psychiatric needs at the time of release from a psychiatric hospitalization or as an alternative to an imminent psychiatric hospitalization.
Non-Financial Residential Care	A residential child-care facility, licensed by DFPS, who provides the program of services without receiving the daily reimbursement from DFPS.
Residential Treatment Center	A residential child-care facility, licensed by DFPS as a GRO, that exclusively provides care and treatment services for emotional disorders for 13 or more children.

SIL Contract	Provides independent living in Apartment, Non-College Dorm, College Dorm, Shared Housing, and Host Home Settings for Young Adults in Extended Foster Care ages 18 to 22 with minimal supervision and Case Management, allowing them to practice necessary Independent Living Skills and achieve self-sufficiency in a supportive environment.
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### Current Sourcing Model

The current approach to sourcing the CPS, PEI, and RCC contracts starts with Procurement. HHSC has recently taken over responsibility for procurement which includes managing the competitive bid process for the 2,000 contracts in this scope.

Within CPS, Purchased Client Services personnel assume responsibility for managing the vendors once the contracts have been awarded. This organization centralizes responsibility for contract performance measures, as well as for PEI and RCC contracts. There is regional organization that works with the vendors spread throughout the state and coordinates with the local, regional leadership to troubleshoot issues as they arise. Purchased Client Services manages the invoicing, contractor orientation, customer satisfaction processes, and the complaint process for any contract over \$25,000.

Once HHSC Procurement and Purchased Client Services have put the structure in place for the State to request services from an individual vendor, the investigator, FBSS, or CVS case worker makes the actual request for services in a particular case. The case worker fills out an authorization form (known as a Form 2054) that tells the provider the name of the individuals authorized to receive services and the quantity of services the State agrees to pay for. This might be as simple as ordering a single drug test or authorizing a mother to receive six sessions with a therapist.

The case worker, together with their supervisor, Program Director and other appropriate regional leaders make the decision on which services to request and how many services the family qualifies for. The case worker has little information available in any database or system about whether the service provider has capacity to get to this family quickly. They can call and talk to the provider if they like.

Once the services are provided, the vendors are responsible for invoicing the State. Purchased Client Services solicits feedback from the case workers on how well the vendors did in providing the service via a survey that is emailed to the case worker. If the case worker has time to

complete the survey, their feedback may be passed back to the vendor by the Purchased Client Services personnel. There is more on the measures for how vendors are measured in the following section.

### **Assessment**

- The transition of work from HHSC Procurement to Purchased Client Services does not always allow much time for transition between vendors and for a seamless start to a new contract. Vendors need time to get the right personnel in place before they can effectively start providing services. The contract start date, relative to the end of contract negotiations, does not always allow this necessary lead time.
- It is not clear how well DFPS coordinates with HHSC on using Star Health, the Nurse Program, the Community Research Resource Group, and other services under the HHSC domain.
- There is little information available to help case worker know what services are available locally that are relevant to the families' needs. This includes both services paid for by the Department and those sponsored by other organizations in the community. Our regional interviews indicated that services are typically ordered in bundles: for example, six hours of drug counseling. If the case worker knows that a particular service is not offered locally, the case worker might substitute a more generic type of service. For example, the case worker might refer the parent to general counseling if substance abuse counseling is not available.
- The vendors tend to be late invoicing the State for their services which creates difficulty in projecting how much money is left in the State budget for the remainder of the fiscal year. Purchased Client Services has tried many approaches to improve the timing of invoicing and the accuracy of their financial forecasting. They know how much a vendor was authorized to do, but they have no real-time information on whether family utilized the services and, if so, how many times.

## **Current Vendor Management Performance Tools and Approach**

### **Description**

The vast majority of Purchased Client Services contracts are performance based contracts. This means they are focused on the benefits provided from the service and that the contract may include incentives for performance or remedies for non-performance. CPS uses both output based measures and outcome based measures in their contracts.

- Outputs measure quantity. For example, for a Fatherhood program, the output is the number of families served over the performance period. There are targets set and the vendor is measured on the actual performance relative to the target.
- Outcomes measure quality. For example, for a Residential Care Contract, one outcome might be that children are able to maintain healthy connections with caring family members who can provide positive influence in their lives. There are targets set, in this case for 3 month periods, and the indicator is the percentage of children who have been in this provider’s care for at least seven days who have had at least one personal contract with a family member during the performance period. Again, there are targets set and the actual performance is compared to the target.

For Quarter 2 of FY2014, the percentage of contracts with reportable measures was almost 99.9% and the vast majority of vendors were in compliance with their contracts and measures.

A number of contracts include Caseworker satisfaction as a performance measure. The results of the FY2014 Quarter 1 Survey of the over 5,000 surveys sent out were as shown in Table 38.

Table 38 - Fiscal Year 2014 Quarter 1 Summary Caseworker Feedback on PCS Performance

% of Surveys Received	64.3%
% of Caseworkers Responded	68.7%
% of Contracts with > 40% Response Rate	99.4%

Based on verbal conversations with the PCS leadership, I understand the table is telling us:

- Of the 5000 surveys sent to caseworkers, they received 64% back.
- Of all the caseworkers that received at least one survey (some caseworkers receive multiple surveys as they get one per service provider to any family they have cases with), they got back responses from 68%. The caseworkers often ignore the survey if the service provider is doing a decent job. They tend to only respond to the survey when they have something important to say.
- The last row is slicing the data a different way – it is saying that of all the vendors, they got at least 40% of the caseworkers who work with that vendor to respond to the survey. So, that’s statistically significant enough to feel they have some quality feedback to all the vendors.

TSG concludes that Purchased Client Services goes to a lot of effort to survey 5,000 people per quarter and at least 3,000 people go to a lot of effort to fill out one or more surveys. So, the issue is not lack of effort. The issue is whether the surveys are measuring the right things – which should be whether the family is using the service and whether the family is getting to a safer place for their children. Clearly, there is significant effort expended to hold the service providers accountable to delivering against the terms and conditions in the contract.

### **Assessment**

DFPS should be able to evaluate the big picture and see how the supply and demand for services as well as measure the usefulness of the service from the impact on child safety. CPS should have vendor management practices to assure that service providers are:

- Pinpointing the specific services that will most impact child safety for each family member
- Delivering in locations where they are needed
- Delivering the services at the times of the day to minimize taking children out of school, coordinate with the local bus schedule, and accommodate parent's work schedules to allow optimal utilization of the services
- Delivering the services in a quality way that is effective at motivating the family to follow through on the services and create a safer environment for the child
- Providing the services in a cost-effective way.

If the current sourcing model is compared to this ideal state, there are a number of gaps that include:

- It has been difficult for child welfare research to prove the efficacy of individual services to families in specific situations. In 2010, CPS partnered with UT-Austin to study the efficacy of services provided in FBSS and CVS. CPS has also analyzed the number of families having gone through the FBSS and the rate of reoccurrence of those families in the CPS system. Despite these efforts, there is a generic model for requesting services. For example, the parenting classes that are offered in most parts of the state are very generic and their usefulness is diminished if the children are older. Another situation that highlights the need for more tailored services is when CPS has a family who has been through the FBSS stage of service before and has relapsed into their prior habits once again potentially jeopardizing the safety or well-being of their child. CPS does not have



a tailored list of services for such special needs to offer different services the second time around.

- CPS tries to create contracts with providers in all parts of the State. There are challenges in bringing this vision to reality. One is the availability of contractors in all locations who are willing to accept the rate the State pays for them. In many areas, the Regional personnel report that the therapists don't like having to go to court and don't feel adequately compensated. In other areas, the regional personnel report that the contractor must come in from another location, and they don't get paid for travel or for no shows. If a contractor has five appointments booked for the day and travels 100 miles to get to the local office BUT only one client shows up, the contractor only gets compensation for the one appointment. This creates a shortage of available service providers in certain geographies. The second aspect of the location challenge is the physical location the service provider offers the service relative to where the families live. In rural areas, caseworkers talked about gas money being a real constraint in terms of whether the family could drive to where the group therapy session is offered. They talked about the difficulty of special needs children using public transportation. In another region, caseworkers pointed out that the group class was offered on Sundays at 7 pm when the bus service to that location stopped at 6 pm. So, families could get to the session but had no transportation to get home.
- In many regions, the caseworkers highlighted time constraints that made it hard for the children and the parents to receive services. They talked about the parent's work schedule relative to the 9-5 appointments a therapist may offer. They talked about the children being taken out of school for therapy or children who didn't want to miss out on after school extracurricular activities to take the bus two hours for a visit with their therapist.
- CPS manages the vendor side of the contract aggressively against the contract terms. They track and report a large number of measures and solicit independent observations from the case workers who have contact with the families. But CPS can't control what their client's do. Table 39 shows the families referred for FBSS services during FY13 and the willingness of those families to engage in various types of service. This data comes from the Sunset Commission Data Request #62 - % of FBSS Clients Completing Services. The question that has not been completely answered is whether there are practical changes that could increase the participation rate for families. CPS personnel do not attend classes or therapy sessions, so they have no real way of observing the quality of the content provided. Table 39 shows the percent of families that complete services.

Table 39 - FBSS Clients Completing Services

Fiscal Year 2013												
Region	% Clients w ho Recvcd Serv	Percent Clients w ho Completed Services										% Clients w ho Completed at Least 1 Serv
		Diag Consult	Sub Abuse Assmnt	Sub Abuse-Ind Couns	Sub Abuse Fam Couns	Psyl Eval	Ind Couns	Group Couns	Family Couns	Psycho-Social Assmnt	Home-based Therapy	
01	13.0%	82.6%	100.0%	50.0%		95.2%	13.5%	31.6%	21.3%	82.1%	42.9%	30.8%
02	7.8%	100.0%	100.0%	19.6%	50.0%	37.5%	15.3%	0.0%	16.7%	35.3%	27.1%	34.1%
03	8.9%	100.0%	100.0%	59.0%	40.0%	98.0%	39.2%	61.5%	29.3%	86.4%	51.7%	49.7%
04	12.4%	100.0%	100.0%	41.8%	66.7%	98.4%	21.1%	11.4%	14.4%	53.3%	3.6%	40.7%
05	11.3%	100.0%	100.0%	33.3%		94.7%	12.1%	100.0%	4.0%	58.3%	30.3%	34.2%
06	14.5%	100.0%	100.0%	61.4%	70.7%	92.7%	33.1%	38.8%	36.7%	64.1%	45.0%	69.0%
07	13.1%	100.0%	100.0%	50.0%		95.9%	51.2%	68.5%	34.9%	49.2%	62.1%	60.8%
08	11.8%	84.1%	100.0%	28.3%	33.3%	98.8%	25.5%	57.8%	20.1%	56.3%	28.6%	34.3%
09	14.9%		99.2%	20.3%	0.0%	100.0%	6.4%	0.0%	5.3%	36.6%	10.3%	38.0%
10	1.8%		100.0%	0.0%		94.1%	14.6%		8.3%	33.3%	87.5%	35.4%
11	13.9%	94.2%	100.0%	64.1%	64.7%	71.4%	18.4%	53.6%	20.1%	36.8%	38.9%	41.0%
Total	11.7%	90.5%	100.0%	57.3%	66.4%	95.2%	28.6%	48.7%	26.5%	56.3%	34.1%	47.9%

- HHSC conducts competitive procurements and negotiates contracts to get the best performance at the best price from the service providers. There is insufficient data to determine whether more families would follow through on participation in a full program of services, and whether children would be safer as a result, to determine if more or less money should be spent further customizing the services to meet the needs of the families.
- The service providers report that CPS inefficiencies impact their ability to provide the relevant services. They report instances of insufficient information regarding specific services needed or outcomes sought, duplication of service requests, and lack of services utilization. For example, the Child Advocacy Centers offer mental health counseling for victims of sexual abuse. They can also be a resource for other mental health counseling needs for other types of cases. It is not clear whether CPS consistently considers all possible service providers.

### Home Studies Assessment

One particular area that TSG was asked to focus on is Home Studies. Prior to a Kinship and Foster Care placement, CPS is required to obtain and approve a home study that is conducted to assess the safety and risk of the home and placement environment. These home studies are done by private contractors as purchased services. In Assessing the Safety of the home, the provider is required to gather certain basic information in the formal home-study evaluation, such as demographic information, criminal history and background checks, physical description of the home, capacity for providing care for children, and employment and financial information. Once

approved by CPS, the home studies would be supplied to the court for review and, if the court approves the home study, placement is approved as well.

Prior to 2013, home studies were conducted by various providers throughout the state and were part of the DFPS provider enrollment system. There were many different providers in each Region offering these services, and all the provider had to do is meet minimum criteria for conducting the home study, and be on the Regional contract service provider list. Home Study contracted providers would be chosen by CVS at the Region and there were no standardized criteria for selecting these providers. Providers would be paid a certain rate for each home study. Thus, each Region would pick from a number of providers that were available to provide such contracted services.

At the beginning of FY 2013, an RFP was issued to require one home study contracted provider per Region to be responsible for all home studies in each Region. The thought was to enhance safety performance metrics and accountability by having one contractor solely responsible per Region for providing these services. The contractor would be chosen based on experience and background and requisite qualifications of staff, with uniform, statewide and standardized performance metrics. Thus, one contractor would be selected per Region and they would be responsible for overseeing all home studies conducted within a particular Region. The RFP allowed the contractor to subcontract for these services, but the contractor chosen in each Region would be ultimately responsible for seeing to it that the home studies conducted met all the contracted services requirements.

Thus, in April of 2013, one contract provider per Region was chosen to manage and oversee the entire home study process in each Region. The contracts provided that "DFPS would use these assessments to assist them in making placement decisions that ensure the best interests of the Child." The single Regional contractors were provided to have a minimum relevant business experience and develop and manage a network of Service Providers that is able to meet DFPS' continuous need to refer Client(s) for Assessments and Court Related Services within the Contractor's Service Area. The contract terms also provide that the contractor conducting the home study must meet minimum standards, have face-to-face interviews with all members of the Client's household, who are at least three (3) years of age and older. The Service Provider must observe children three (3) years old and under in the home and must document their health and interaction with other household members. Moreover, at least one (1) of the interviews must take place in the Client's home with all household members are present. Finally, the contractor must provide to the CPS Caseworker with the completed Assessment.

The DFPS contract also has a quality management process built in where each contractor must provide continuous improvement of completed assessments. The quality management process is performance-driven and contractors must meet certain targets, such as the percent of Assessments that were completed within the required time frames and the percent of aggregated favorable responses made to items on the Applicant Satisfaction Survey Question are, which is required to be given to the family upon completion of the interview. DFPS contracted services unit manages these contracts at the State office, and ensures that the contractors are meeting these requisite performance targets. If the contractor does not meet these targets there is a process to be assessed a penalty.

While the DFPS contract for these services contains minimum standards that require background checks and home-study evaluations, there is no standardized tool or process for assessing safety and risk factors prior to placement. These contractors can use any number of screening tools to conduct the safety assessments, and, as noted in a recent report of the Texas Care for Children, because the home-study evaluation is a critical component of screening and assessing prospective caregivers, and determining potential safety and risk factors, "[i]f not done thoroughly, the screening and evaluation process could endanger a child, leaving that child poorly protected and vulnerable to placement disruptions."<sup>97</sup>

This feeling was shared by a number of the CVS case workers we met. A more standardized and effective safety assessment process could enhance child safety. In addition, because of the limited number of foster homes available in Texas, the "shortage often leads to a hastened and inadequate assessment and screening process, as well as placement matches that are not in children's best interest, leaving them potentially vulnerable to further maltreatment."

Recognizing this fact, DFPS has recently proposed the following additional requirements for foster home screenings, verifications and supervisory visits for foster homes:

- New Foster Homes
- Must conduct an additional interview with a family member not in the home
- Must conduct two additional interviews of neighbors, school personnel, clergy, or other community members
- Must interview all adult children of foster parents
- Must assess previous and current interpersonal relationships, in addition to marriage

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<sup>97</sup> Safeguarding Children in Texas Foster Care, *Key Issues in Policy and Practice and Recommendations to Improve Child Safety in Foster Care*, Texas Care for Children, April 2014

- Must assess proof of income for a foster family, including obtaining two bank statements, a tax return or other documented verification, and a monthly itemized household expense report
- Must obtain and assess law enforcement service call information on addresses of the foster parents for the past two years
- Must obtain verification of the identity and availability of each person that will provide support as a caregiver during an unexpected event or crisis situation
- Foster parents must understand the concept of Trauma Informed Care and discuss how they will use those concepts in relation to children in their care
- Prior to verification of the home, must address indicators of potential risk to children with the prospective family, and how the family addressed those indicators must be documented in the screening

## New and Existing Foster Homes

- CPA's plan evaluating the effectiveness of their system for meeting the rules must include an evaluation of the accuracy of foster home screenings and the comprehensiveness of supervisory visits
- Must update foster home screenings when there is a major life change in the foster family
- At each supervisory visit, must evaluate and document certain changes in a foster family's circumstances, challenging behavior of children in care, and the level of the foster parent's stress
- At least two of the quarterly supervisory visits must be unannounced
- Child placement management staff must review and approve the documentation of the supervisory visits

## Star Health Assessment

Star Health is an integrated managed care health and behavioral health care "carve out" Medicaid program for children in Foster Care. The model went live in 2008 with Superior as the Managed Care Organization (MCO) entity in partnership with Integrated Mental Health Services/Cenpatico, providing behavioral health services. The State of Texas established a national model for the provision of integrated health/behavioral health care services especially designed for children and adolescents in foster care, with several other states following Texas' leadership in this area.

Star Health is a Medicaid managed care product administered by HHSC. HHSC has embraced a partnership relationship with CPS based on monthly HHSC/CPS/Superior-Cenpatico meetings, and liaison meetings between HHSC and CPS that is focused on identifying and problem solving specific case related issues. HHSC, CPS and Superior/Cenpatico have instituted a protocol, utilization, and physician education on the appropriate use of psychotropic and related medications for the foster care populations. Additionally, the Star Health benefits for foster care children and adolescents are based on an identified health home and case management for complex cases.

HHSC required an electronic “Health Passport” (HP) by the Star Health MCO. The HP contains the entire medical record of each foster care child and is accessible to Superior and Cenpatico network providers and case involved CPS staff in a confidential environment. Several opportunities have been identified by CPS medical to enhance the value of the Health Passport. Currently, Star Health primary care physicians (PCPs) do not know why a child is taken into foster care. CPS believes it would really help PCPs if they knew upfront the issues involved with child removal. Currently Star Health does not utilize a checklist on early childhood developmental issues although Star Health does prioritize EPSDT related assessments throughout a child’s eligibility. CPS is working with HHSC and Superior on both concerns.

The Star Health is up for re-bid in 2015. This is obviously an excellent time for CPS and HHSC to take Star Health “to the next level.” Our observations in the field and during interviews with the CPS and HHSC individuals have raised the possibility that CPS caseworkers either are not fully aware of the importance of access to the Health Passport information in monitoring each child’s wellbeing or are underutilizing the resource. Additionally, there seems to be general agreement that there is a dearth of foster care specific behavioral health evidence based practices available across the state based on lack of providers, and difficulty articulating specific practices as a discrete service benefit related to current construction of codes.

## Overall Purchased Client Services Assessment

In summary, the Purchased Client Services function oversees a large number of contracts with a large number of providers. They hold the vendors accountable for complying with the terms and conditions of the contract and measure them against outcome and output measures. The bigger challenge is to measure the efficacy of the services in contributing to the safety and well-being of

the child and to make the most important services accessible and effective for the families in all parts of the state.

## PERFORMANCE MEASUREMENT AND MANAGEMENT

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“Our workers are threatened and scolded more than trained and molded.” – Survey Respondent

Metrics serve a number of purposes. Primarily, they serve as management tools for CPS and DFPS leadership. In addition, they communicate impact to stakeholders, such as other State and federal agencies, public interest groups and taxpayers. While communication is useful, the primary function of CPS management is to ensure effective and efficient child services—therefore, this is also the primary purpose metrics as a management tool.

We reviewed primarily two lists of metrics: the Legislative Budget report and the Performance Measures. Overall, we found CPS’ various performance measures:

- Are not part of a coordinated program to support management decision making
- Confuse many concepts of measurement: personnel, services resources, process, budget, stakeholders and child impact
- Are not overtly tied to specific management challenges
- Are too numerous to be effective
- Confuse the purpose of measures: as leading, concurrent and lagging measures
- Are often used as instruments of “blame” for inadequate performance, instead of as tools for finding systemic opportunities for improvement

CPS has developed a management culture that both over- and under-uses metrics. On the over-use side, the field staff reports that it works in fear of “missing their numbers.” On the under-use side, CPS lacks metrics to support many of the key management decisions at various levels. Misuse of metrics has created an environment in which people feel that meeting the numbers is as important as helping children and families.

CPS prepares for the Legislative Budget Board and the Lt. Governor another report of a broad set of metrics.



## Current Management Metrics

### Monthly Internal Reports

#### Budget

TSG expected that budget-to- actual information would be provided within 10 days of each period end. We were told that budget reports are often not provided within this time frame, and that the reported information for the most recent period includes estimates. We were told that monthly budget reports have not historically included narrative describing for senior management underlying reasons for adverse budget numbers, or the management decision implications.

#### Data Book

Annually, CPS has for many years produced a compendium of facts related to children and families in Texas. This is often referred to for information about the program, but is not designed to support on-going management decisions.

#### LBB Report

During the past several years, CPS has been working with the LBB and Lt. Governor to develop a broadly-scoped metrics report. Between the two, the report includes the 125 unique measures listed in Table 40. This is a long list and report and it does not highlight exceptional values or trends.

Table 40 - List of Metrics in the LBB and Lt. Governor Reports

Number of Calls Received by Statewide Intake Staff	Percent of Children in Substitute Care Under 12 Mos w/ Two or Fewer Placements
Number of CPS Reports of Child Abuse/Neglect	Percent of Children Re-entering Care within 12 Months
Number of Reports of Child Abuse/Neglect in Child Care Facilities	Percent of Children Who Remain Safe in Substitute Care
Average Cost per SWI Report of Abuse/Neglect/Exploitation	Percent Children Achieving Legal Resolution within 12 Months
Percent CPS Priority 1 Reports Initiated within 24 Hours of Report	Percent Children Achieving Permanency within 18 Months
Incidence Child Abuse/Neglect Confirmed by CPS Per 1,000 TX Children	Percent in FPS Conservatorship Until the Age of Majority
Percent At-risk Children Who Receive Protective Services	Average Length of Time in Out-of-Home Care Per Child
Percent Absence of Maltreatment within Six Months of Intake (CPS)	

Median Length of Stay in Foster Care	Number of Child Victims in Confirmed CPS Cases of Child Abuse/Neglect
Percent of Children Reunified within 12 Months of Entry	Average Number of FPS-verified Foster Home Beds per Month
Percent of Adoptions Consummated within 24 Months	Average Number of FPS-approved Adoptive Home Beds per Month
Median Length of Stay of Adoptions Consummated	Average Number of FPS-approved Foster/Adoptive Home Beds per Month
Child Protective Services Caseworker Turnover Rate	Average Number of FPS Children per Month in Out-of-home Care
Percent of CPS Caseworkers Retained for Six Months Following BSD	Number of Children in FPS Conservatorship Who Are Adopted
Percent CPS Priority 1 Reports Initiated within 24 Hours of Report	Average Daily Number of CPS Direct Delivery Services (All Stages)
Incidence Child Abuse/Neglect Confirmed by CPS Per 1,000 TX Children	Average Number of Children in FPS Conservatorship per Month
Percent At-risk Children Who Receive Protective Services	Average Daily Cost per CPS Direct Delivery Service (All Stages)
Percent Absence of Maltreatment within Six Months of Intake (CPS)	CPS Daily Caseload per Worker: Investigation
Percent of Children in Substitute Care Under 12 Months w/ Two or Fewer Placements	CPS Daily Caseload per Worker: Family-Based Safety Services
Percent of Children Re-entering Care within 12 Months	CPS Daily Caseload per Worker: Substitute Care Services
Percent of Children Who Remain Safe in Substitute Care	CPS Daily Caseload per Worker: Foster/Adoptive Home Development
Percent Children Achieving Legal Resolution within 12 Months	Number of Deaths of Children in FPS Conservatorship
Percent Children Achieving Permanency within 18 Months	Number of Deaths of Children as a Result of Abuse/Neglect while in FPS
Percent in FPS Conservatorship Until the Age of Majority	Number of Deaths of Children as a Result of Abuse/Neglect
Average Length of Time in Out-of-Home Care Per Child	Percent of CPS Workers with Two or More Years of Service
Median Length of Stay in Foster Care	Average Number of FPS Children per Month in FPS Foster Homes
Percent of Children Reunified within 12 Months of Entry	Average Number of FPS Children per Month in Non-FPS Foster Homes
Percent of Adoptions Consummated within 24 Months	Average Number of FPS Children per Month in Residential Facilities
Median Length of Stay of Adoptions Consummated	Number of CPS Caseworkers Who Completed Basic Skills Development
Child Protective Services Caseworker Turnover Rate	Average Number of Days of TWC Foster Day Care Paid per Month
Percent of CPS Caseworkers Retained for Six Months Following BSD	Average Daily Cost for TWC Foster Day Care Services
Number of Completed CPS Investigations	
Number of Confirmed CPS Cases of Child Abuse/Neglect	

Number of Children Receiving TWC Foster Day Care Services	Average Monthly Number of Children: Permanency Care Assistance
Average Number of Days of TWC Relative Day Care Paid per Month	Average Monthly Payment per Adoption Subsidy
Average Daily Cost for TWC Relative Day Care Services	Average Monthly Payment per Child: Permanency Care Assistance
Number of Children Receiving TWC Relative Day Care Services	Average Monthly Number of Children: Caregiver Monetary Assistance
Average Number of Days of TWC Protective Day Care Paid per Month	Average Monthly Cost per Child: Caregiver Monetary Assistance
Average Daily Cost for TWC Protective Day Care Services	Number of Children Receiving Caregiver Monetary Assistance
Number of Children Receiving TWC Protective Day Care Services	Percent of STAR Youth with Better Outcomes 90 Days after Termination
Average Number of Children: Adoption Placement Purchased Services	Percent of CYD Youth Not Referred to Juvenile Probation
Average Monthly Cost per Child Adoption Placement Purchased Services	Average Number of STAR Youth Served per Month
Average Number of Clients Receiving Post-adoption Purchased Services	Average Monthly FPS Cost per STAR Youth Served
Average Cost per Client for Post-adoption Purchased Services	Average Number of CYD Youth Served per Month
Average # Youth: Preparation for Adult Living Services	Average Monthly FPS Cost per CYD Youth Served
Average Monthly Cost per Youth: Preparation for Adult Living Services	Number of New Licenses, Certifications, Registrations & Listings
Average # Clients: Substance Abuse Purchased Services	Number of Child Care Facility Inspections
Average Monthly Cost per Client for Substance Abuse Purchased Services	Number of Completed Complaint Investigations
Average Number of Clients Receiving Other CPS Purchased Services	Number of Completed Child Abuse/Neglect Investigations
Average Monthly Cost per Client: Other CPS Purchased Services	Number of Validated Child Abuse/Neglect Reports
Average Number of FPS-paid Days of Foster Care per Month	Average Monthly Cost per Primary Day Care Licensing Activity
Average Number of Children (FTE) Served in FPS-paid Foster Care per Month	Average Monthly Cost per Primary Residential Licensing Activity
Average Monthly FPS Expenditures for Foster Care	Average Monthly Day Care Caseload per Monitoring Worker
Average Monthly Copayments for Foster Care	Average Monthly Residential Caseload per Monitoring Worker
Average Monthly FPS Payment per Foster Child (FTE)	Average Monthly Day Care Caseload per Investigator
Number of Children in Paid Foster Care	Average Monthly Residential Caseload per Investigator
Average Number of Children Provided Adoption Subsidy per Month	Number of Licenses, Certifications, Registrations, and Listings
	Number of Licensed Child Care Centers
	Number of Licensed Child Care Homes
	Number of Licensed Residential Child Care Facilities (Excluding Homes)
	Number of Registered Child Care Homes

Number of Licensed Residential Child Care Facilities  
(Excluding Homes)  
Number of Registered Child Care Homes  
Number of Foster and Group Homes (Agency and  
CPS)  
Number of Listed Family Homes  
Number of Child Placing Agencies  
Number of Child Care Administrators  
Number of Criminal Record Checks  
Number of Child Placing Agency Administrators  
Percent of Child Care Licensing Workers: Two or  
More Years of Service  
Number of Central Registry Checks

### *Data Placemat*

CPS is working to develop a comprehensive internal report, the Data Placemat. It includes a narrower set of structured metrics compared to the LBB report:

- Prevention and Early Intervention
  - STAR Youth with Better Outcomes at 90 Days (%)
  - Increase in pre/post protective factor survey results (%)
- Investigations
  - P1 Investigations Initiated Timely (attempted or completed contact) (%)
  - P2 Investigations Initiated Timely (attempted or completed contact) (%)
  - Completed investigations with safety assessments submitted within 7 days (%)
  - Completed investigations transferred to CVS that had an FTM during the investigation (%)
  - Completed investigations submitted to supervisor within 45 days (%)
  - Completed investigations with a substantive disposition (ruled out or RTB) (%)
  - Alleged victims with no ongoing services who had a subsequent confirmed allegation or case open for services within 12 months (%)
- Family Based Safety Services (FBSS)
  - Family preservation (FPR) stages with timely initial contact (%)
  - Face-to-Face contacts with children (%)
  - Timely completion of initial family plan (%)
  - FPR stages with at least one removal (%)
  - FPR stages with at least one removal and had FGC or FTM in FPR stage prior to removal (%)
  - Children with FPR stage closed who had a subsequent confirmed allegation or case open for ongoing services within 12 months (%)
- Conservatorship: Services and Placement
  - Youth 18 or older with closed substitute care and have completed PAL Life Skills Training (%)
  - Timeliness of initial child plan (%)
  - Monthly Face-to-face contact with children (%)
  - Children in substitute care living with relatives (%)

- Children placed in county (%)
- Sibling groups with all siblings placed together (%)
- Average number of placements in foster care
- Conservatorship: Exits
  - Exits to reunification (%)
  - Of exits that are not reunification, exit to relatives (%)
  - Final orders in less than 12 months (%)
  - Achieving permanency for children in DFPS custody more than 2 years (%)
  - Children with Termination of Parental Rights (TPR) that are adopted within 12 months of termination (%)
  - Children who return home and have a subsequent confirmed allegation or case open for ongoing services within 12 months (%)
- Disproportionality: Major decision points in CPS system (by ethnic group)
  - Completed investigations that are confirmed (%)
  - Confirmed investigations with at least one removal (%)
  - Completed investigations transferred to FPR (%)
  - FPR stages with at least one removal (%)
  - Exits to reunification (%)
  - Of exits that are not reunification, exit to relatives (%)
  - Children with TPR that are adopted within 12 months of termination (%)

## *Executive Dashboard*

In addition to the above, CPS is participating with DFPS leadership to develop an Executive Dashboard. As currently designed, it will include 14 metrics:

- All, Vacancy Rate
- All, Turnover
- Investigations, Intakes assigned
- Investigations, Caseload (Families)
- FBSS, Caseload (Families)
- INV, Removal rate
- CVS, Length of time in DFPS custody
- CVS, Caseload (People)
- CVS, Face-to-face contact w/ children in conservatorship

- Investigations, Case duration
- Investigations, Children who did not receive ongoing services and remain safe
- FBSS, Children receiving Family-Based Safety Services are safe
- FBSS and FRE, Children remain safe following FBSS and FRE
- CVS, Exit DFPS conservatorship to family reunification.
- CVS, Exit DFPS conservatorship to relative or fictive kin
- Adoption, Within 12 months of termination of parental rights

### **Framework for Understanding CPS Metrics**

With all the different concepts of how to report data, it was important for TSG to step back and consider the purpose of metrics and measures. This allowed TSG to assess the manner and extent to which the current metrics achieve that goal.

The primary purpose of metrics is to support CPS management. Secondly, metrics allow CPS to provide information to external stakeholders such as the Legislative Budget Board or federal agencies.

Accordingly, CPS measures need to be sufficient to support the range of key management decisions. The key attributes of CPS metrics include: the management decisions they support, the timing vantage, and quality of the metrics. The following framework guides TSG's assessment of CPS' metrics, and serves as a foundation for recommendations.

### ***Management Decisions that Metrics Support***

The primary management decisions CPS leadership needs management metrics to support are:

- People—CPS is the work of over 9,000 people. The human resource must be stable workforce, stable and well trained. To that end, they must be recruited effectively, trained and supervised. CPS requires well educated workers that are suited for the demanding and challenging work, willing to work irregular hours and willing to be flexible as demands change. Above all else, CPS workers demonstrate a passion for improving children and families safety, permanence and well-being.
- External Resources – about two thirds of CPS' budget is for services delivered through private (and nonprofit) organizations. These include purchased services, foster care agencies and families that adopt children. CPS manages these resources through licensing, performance objectives, reports and adverse actions when needed.

- **Quality Decisions** – CPS has work and management processes, systems and policies through which its people make decisions. The most visible decision is whether to remove a child. But, decisions include how to assist families with services, where to place children when removed and when to reunite families. Each of these decisions must be high quality: that is replicable and leading to high outcomes of safety permanence and well-being for children and families.
- **Children and Families** – CPS exists to work with families and improve the safety, well-being and permanence of children at risk. Accordingly, management metrics help CPS plan, adjust and assess the outcome of services.
- **Budget** – CPS manages taxpayer resources. Accordingly, it plans, monitors and assesses Budget performance.
- **Stakeholders** – CPS works within a larger community including DFPS, the Legislative Budget Board, federal agencies, advocacy groups, taxpayer interest groups, the news media and other interested groups. Part of CPS' management challenge is to involve each of these appropriately.

### *Timing Vantages of Metrics*

Metrics assist management decisions in three time frames: planning, making adjustments and assessing after-the-fact. Some metrics support planning assumptions. For example, changes in child demographics combine with metrics of historical reports of abuse to enable CPS to plan budget and staffing levels.

During a budget year, CPS must adjust its direction, and other metrics help move budget amounts or redirect staff efforts. Finally, after the year, metrics help assess whether operations were effective in improving children's safety, well-being and permanence.

### *Quality Metrics*

Metrics must not only support the six types of decisions from the three vantages, they must also have other attributes:

- Report quality, not merely quantities or finances. CPS needs to make high quality decisions about children and families, not just many or inexpensive ones
- Metrics need to be assessed. The metrics report needs to be accompanied by narrative in which CPS management provides insight into exception items
- Drill down must allow senior CPS management to look at lower levels of detail
- Variations in Texas need to be reflected in the metrics: distances, cultures and social needs



### *Exceptional Reporting*

It is not realistic that an organization as complex, with a mission as complicated as CPS' can be summarized into a small number of metrics. However, only a few metrics will be “interesting” at any point in time. A metric can help CPS management identify management issues, and support analysis into alternative decisions to affect improvement. Four tools help define exceptions: targets, benchmarks, ratios and trends.

Federal targets are in place for child outcomes, but not for all types of management measures. Targets are tempting, but assume that metric levels can be predicted in advance. Often that is not the case. Targets are most useful for purposes of establishing compliance.

Benchmarks include any metric that is compared to other CPS programs nationally—or to other organizations. Texas is regularly benchmarked against other states on compliance with federal targets. However, CPS could also compare itself to other organizations outside the child protection industry. For example, staff turnover could be compared to the private sector.

Ratios allow CPS to factor in the effect of changes in controlling forces. For example, if the number of reports spikes in a region, a ratio of caseload to reports might normalize for the effect of the increased level of reports.

Trends are ratios of the same value over time. For example, if child population is increasing over prior years, one might expect the number of reports (and cases) to also increase.

TSG found ineffective use of targets, benchmarks, ratios and trends in CPS reporting:

- Targets in place are most often set federally, and for outcomes. Outcomes are not something that is managed directly by CPS. CPS operations manages decisions that lead to outcomes—not the outcomes themselves. Thus, the targets now used are useful indicators of general directions that management should take, and less for identifying specific management decisions
- Benchmarking is conducted on federally-reported data. TSG found little evidence of regular benchmarking of management metrics other than federal metrics. For example, CPS is very concerned about turnover, but has not benchmarked with other State CPS organizations, or with private sector organizations to gain a perspective of whether its turnover is unusual
- Ratios are widely used within CPS. For example, CPS widely uses cases per caseworker.
- Trends are and underused management tool at CPS leadership. For example, when we found that adoption subsidies were up \$60 million since 2009, some in internal management did not know this fact.

One useful format for expressing these four metrics is in graphs and charts. The four<sup>98</sup> metrics reports described above do not make regular use of graphs and charts as tools of regular analysis and reporting. This forces the reader to make complex mental comparisons. Wider use of graphs and charts would improve these tools' ability to support management decision making.

Exception indicators are another well recognized tool for alerting management to issues in the numbers. Commonly, reports will color numbers green yellow or red, depending on ratios, trends and the like. This allows management (the reader) to quickly zoom in on exceptional values—as part of investigation into the decision that needs to be made. We observed little use of exceptions indicators in CPS's performance reports.

Drill-down is another important performance reporting tool. When top management finds an exceptional value, drill-down allows the manager to find the sources of the variance. We found drill down available in the Budget reports. However, they are so voluminous and poorly understood that drill-down does not seem to be serving its intended purpose.

### *Analysis*

The purpose of performance metrics is supporting management decisions. When a manager finds a number that is other than expected, the question becomes what to do about it. This requires root cause analysis at various reporting levels.

As a benchmark for assessment, TSG expected that each metrics should be assessed by a member of CPS staff or management:

- Identify any values, ratios or trends that deserve management attention as part of management decision making
- Research the root causes underlying any unusual or remarkable values
- Write a textual description of the underlying causes, as well as potential management decision implications

This analysis and reporting should ideally be conducted by the person in CPS management who is responsible for the operations indicated by the metric. For example, an unusual trend in case levels in a region should be assessed and described by that region's leadership. It is common for management to be assisted in this regular monthly assessment by professional staff expert in this sort of analysis. This staff can be within the Budget area, or another staff group. This management analysis should be presented at many levels. For example, unusual case metrics at

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<sup>98</sup> LBB, Lt Governor, Data Placemat and new Executive Dashboard

a unit would be explained by the supervisor, regional variances by the Regional Director, program variances by program leadership and all operational variances by CPS' COO.

## Metrics Assessment

### *Assessment of Measurements Reported*

CPS lacks a comprehensive set of metrics to support middle or senior management in managing its key decisions. Several attempts have developed limited views. However, neither is there one single report, nor do all the reports taken together support all the key decisions CPS leadership must make.

For one, the Data Placemat includes 38 unique metrics. Table 41 shows that the majority of the metrics measure either current operational performance or child outcomes. This reflects the intended audience. TSG completed similar analyses of each of the three metrics reports to conclude the results in Table 41. This shows that the reports have different audiences, therefore different focuses:

- Data Placement – developed for internal CPS use by middle and upper management to manage processes and outcomes.
- LBB and Lt. Governor – developed for the high-level purposes of planning and budgeting, and assessment as part of the next planning cycle. Thus, the metrics are budget, resources and child outcomes.
- Executive Dashboard – developed for DFPS executives, to manage people and outcomes.

Table 41 - Summary of Metrics

Indicator Type		LBB & Lt. Governor	Data Placemat	Executive Dashboard
Budget	Leading	62		
	Concurrent			
	Lagging	13		
Personnel	Leading	8		5
	Concurrent	4		3
	Lagging	2		2
Service Resources	Leading	41		
	Concurrent			
	Lagging	18		
Processes	Leading			
	Concurrent	3	9	
	Lagging	3	6	
Children	Leading	3		
	Concurrent	1	4	2
	Lagging	33	13	4
Stakeholders	Leading			
	Concurrent			
	Lagging			

TSG assesses that none of these perspectives is fully adequate by itself. None covers all six types of management decision from all three time vantages.

Both the LBB and Data Placemat present many outcome metrics. However, neither within Texas nor the industry is there general agreement about the “right” metrics to measure outcomes. This lack of agreement is reflected in the many outcome measures in the reports. These are listed in Table 42 along with TSG assessment of the nature of management information provided by each metric.

Table 42 - LBB and Lt. Governor Report Assessment

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
STAR Youth with Better Outcomes at 90 Days (%)																		
Increase in pre/post protective factor survey results (%)																		
P1 Investigations Initiated Timely (attempted or completed contact) (%)																		
P2 Investigations Initiated Timely (attempted or completed contact) (%)																		
Completed investigations with safety assessments submitted within 7 days (%)																		
Completed investigations transferred to CVS that had an FTM during the investigation (%)																		
Completed investigations submitted to supervisor within 45 days (%)																		
Completed investigations with a substantive disposition (ruled out or RTB) (%)																		
Alleged victims with no ongoing services who had a subsequent confirmed allegation or case open for services within 12 months (%)																		
FPR stages with timely initial contact (%)																		
Face-to-Face contacts with children (%)																		
Timely completion of initial family plan (%)																		
FPR stages with at least one removal (%)																		
FPR stages with at least one removal and had FGC or FTM in FPR stage prior to removal (%)																		
Children with FPR stage closed who had a subsequent confirmed allegation or case open for ongoing services within 12 months (%)																		
Youth 18 or older with closed substitute care and have completed PAL Life Skills Training (%)																		
Timeliness of initial child plan (%)																		
Monthly Face-to-face contact with children (%)																		
Children in substitute care living with relatives (%)																		
Children placed in county (%)																		
Sibling groups with all siblings placed together (%)																		
Average number of placements in foster care																		
Exits to reunification (%)																		
Of exits that are not reunification, exit to relatives (%)																		
Final orders in less than 12 months (%)																		
Achieving permanency for children in DFPS custody more than 2 years (%)																		
Children with Termination of Parental Rights (TPR) that are adopted within 12 months of termination (%)																		
Children who return home and have a subsequent confirmed allegation or case open for ongoing services within 12 months (%)																		
Completed investigations that are confirmed (%)																		
Confirmed investigations with at least one removal (%)																		
Completed investigations transferred to FPR (%)																		
FPR stages with at least one removal (%)																		
Exits to reunification (%)																		
Of exits that are not reunification, exit to relatives (%)																		
Children with TPR that are adopted within 12 months of termination (%)																		

CPS has developed three high-level metric reports, The LBB/Lt. Governor, Data Placemat and the Executive Dashboard. Table 42 assesses the informational content of each of these.

**Assessment of Management Information Tools**

CPS has three primary sources for management information data management and reporting:

- Budget uses the system supplied by the State, which is not designed for ad hoc or custom reporting. It does allow reports of activity totals cut by many different pre-established views, such as strategy, sub-strategy, LBB Account, etc.

This Assessment Report is a preliminary report and is confidential and not intended for dissemination beyond HHSC, DFPS and CPS leadership.

- HR information is likewise developed and stored in the statewide system. CPS has limited ability to extract information
- IMPACT is a system completely under CPS control. However, it is a legacy system, not designed for ad hoc or custom reporting

Other than budget reports, most reports are produced from the data warehouse managed by DFPS' Management Reporting & Statistics Division (MRS). The data warehouse was developed (we were told) without the tools for the type of reporting it is now being asked to perform.

During the course of the TSG Assessment, CPS was engaged in several major projects including developing the Data Placemat and the Executive Dashboard as well as supporting the Sunset Report. These efforts overwhelmed the available resources, because the tools were not developed with the expectation of custom or ad hoc reporting.

Thus, it is likely that more complete and effective reporting will require different tools than are now available.

### *Assessment of Management Information Analysis and Decision Support*

Today, the CPS management reports CPS are provided without regular accompanying analysis. Of course, many excellent reports are developed as special projects. However, CPS leadership is not presented with regular analysis of the numbers in budget or metrics reports. For example, the LBB report provides metrics on 125 measures over several periods of time—hundreds of numbers. However, the report is not accompanied by analysis of what the numbers mean. Management information and metrics not supported by this sort of management analysis lacks the context to be useful for management decision making.

### *Comments from the Field*

"I get numbers about cases. The length of time the case is open in investigation." "There are lots of numbers from CVS on how many visits - while it is important it is not overly important - I like to go around and talk to my people versus look at the numbers. This helps me to figure out how they are doing. I may ask 'how is your kid doing in first grade.'" "I treat my employees like they should treat their clients."

"I am not big on numbers - not as good with dashboards as others."

"Need to be careful not to just teach on metric management." "I want to know what is in those cases, what kinds of decisions are being made, and do the cases move forward or sit and not go anywhere." "There are all kinds of things in cases that the numbers don't tell you."

"The department will tell you that we look at this magic 60 day number for delinquency in cases." "We met with the department and wanted to know what is the magic behind this number and all we are told is that this is how we have always done it." – Legislative Staff. "Once we reach 60 do we have bad outcomes?" Legislative Staff

"CPS is not using data to drive appropriate decision making." "We are not using data to drive our policies. We are relying on historical information to drive practice." "CPS needs to dig deeper into the data." Legislative Staff

"What does the average case load mean? We need more data points to paint the picture." Legislative Staff

## DECISION MAKING: HOW CASE DECISIONS ARE MADE IN THE FIELD

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“The hardest job in this Agency is the frontline worker. Give them management tools to do their jobs more efficiently. Entrust and support them with decision making.” – Survey Respondent

### Employing Analytical Thinking and Meaningful Engagement Skills

A critical element to designing a more effective system of care is developing a practice framework that shapes the thinking of the CPS workforce in an integrated and thoughtful working model. The framework should outline the values and principles the workforce should adhere to during critical points in the life of a case. The framework would define the approach to working with children and families and provide techniques, tools, and support to improve decision making. The Department’s primary responsibility is to make sure children are safe. Ultimately, system of care performance is measured on the decision making and actions taken by CPS’s frontline workforce.

Decision making by CPS staff should align with policy and assure critical and analytical thinking and meaningful engagement skills. CPS workers have tremendous authority and responsibility and they should be equipped with the skill set to make decisions.

In an almost consensus manner, senior leaders across the state all opined that there is very little BSD training on decision making. New staff learns about risk and safety concepts, but not how to apply what they’ve learned in the classroom to real experiences. New and inexperienced staffs are overwhelmed and their supervisors make all of the decisions. One senior leader described decision making in the following manner, “It’s a huge issue, we’ve pushed decision making up the chain of command and staff sometimes never learn how to make critical decisions.”

### How Case Decisions are Made

The current risk assessment that CPS uses in its investigations originated in the 1990's and has been revised several times over the years. CPS currently utilizes two instruments to aid in the



decision making process; a safety assessment that by policy is completed within seven days and the risk assessment that is completed towards the end of the investigation.

The safety instrument is focused on present and/or impending danger, caregiver protective capacity, and child vulnerability to determine if a child is safe or unsafe. The risk assessment has always been completed at the conclusion of an investigation. In 2006, to assist and guide earlier decisions regarding the need for immediate action, CPS developed the safety assessment by aligning particular safety questions from the risk assessment that had been correlated with removals and RTB dispositions.

The risk assessment tool is structured around seven areas of concern patterned after the safety assessment; child vulnerability, caregiver capacity, quality of care, maltreatment, home and social environment; response to intervention, and caregiver protective capacities. The risk tool has 54 questions, reduced from 77 in 2002. The seven categories were introduced in 2006, reduced from 15 originally designed in 2002.

In 2008, CPS began developing a new decision making framework to further improve child safety decisions in investigations. In 2010, CPS requested technical consultation from the National Resource Center for Child Protective Services and Action for Child Protection. CPS then created its Enhanced Family Centered Safety Decision Making (EFCSDM) modeling it after the Action's Safety Framework. The focus was on identifying safety threats and then evaluating the child's vulnerability to the threat and the parent's capacity to protect against the threat. To better support the new framework, CPS modified its Safety and Risk Assessments.

To date, CPS has refrained from introducing an actuarial risk tool. CPS has used analytics to modify and validate its iterations of its own instrument over the years, but stopped short of applying a risk score or categorization. CPS has promoted the use of critical thinking and judgment and refers to the tool as a guided assessment.

Although the safety assessment was developed to provide a framework for earlier decisions, feedback from investigators all over the state suggests it does not play a role in decision making. The tool is not required before a removal decision is made, and although some investigators indicate that conceptually the tool does help guide them, they just learn over time "what to look for and ask."

Some of the senior leaders around the state suggested the safety concepts and intended impact to decision making do not align and are not intuitive. Another senior leader applauded the safety assessment, but indicated that after five years there is still "mass confusion" around EFCSDM.

Another leader stated there was good intent, but poor execution by introducing new concepts and fitting them into existing tools.

### **How the CPS Framework Compares to that of other States**

Decision making is impacted and influenced primarily by a practice model, but also several other professional and personal variables, to include; training, policy, supervisor guidance, tools (risk and safety assessments). Decision making is an interdependent subset of many other outputs in the investigative and case management process. Decisions are influenced by personal bias and experience. Organizations that are seeking to improve practice and outcomes are developing and implementing a practice model. To date, Texas has not finalized their practice model and is working in collaboration with Casey Foundation to define and implement.

There is a growing consensus in child welfare that practices and approaches such as family centered and teaming are linked to better outcomes. Many agencies are now developing and implementing practice models to shape and guide better decision making.

### **Meet the Most Prevalent Needs of Families to Ensure Child Safety with Proven Interventions**

CPS leadership has recognized the field may not be using the safety and risk instruments as designed and the tools are not fully aligned with the EFCSDM principles. CPS also realizes some direct delivery staff generally do not find the tools beneficial when making or reviewing decisions. CPS has begun revising the assessments to align with the EFCSDM framework, while continuing to develop a practice model, and better support critical thinking and decision making.

The new tool is being designed to promote a deeper understanding of the complicated interplay across the EFCSDMs model of how safety threats relate to child vulnerability and caregiver protective capacity. It is being piloted as part of the Hays County Alternative Response Pilot. The tool will create a means to transfer more efficient and effective information between the stages of service by making this a living document.

The identified safety threats, child vulnerabilities, and caregiver protective capacities will be continuously updated by each stage of service. CPS workers can use the document to identify the appropriate interventions and customize the services plan. The instrument will be used as an ongoing tool to evaluate and document a child's safety and monitor the family as they work towards completing their services plan. CPS believes the new instrument will provide a deeper

understanding of the family, their needs related to child safety, and their progress as the case moves through the system of care.

### ***How Decision making by CPS Staff Aligns with Policy***

The success and functioning of families should be measured on the skills they have, their ability to parent, and changes in behavior, not on how many parenting or counseling sessions they have attended. An enhanced service continuum should be designed and intended to accomplish just this. The tool needs to assist in identifying the issues and match the most appropriate level of interventions with effective engagement strategies.

Child protection reform efforts must create real impact and a key element to designing a more effective system of care is identifying the most appropriate level of intervention with effective engagement strategies. Decision making must also include matching and selecting research proven interventions designed to meet the most pressing needs of families. A safety instrument can guide decision making, but the practice model, related policies, training, and effective supervision are paramount.

### **Overall Decision Making Assessment**

The new CPS safety assessment is being used in the Hays County Alternative Response Pilot. CPS developed the instrument based on an extensive literature review, collaborating with other states, testing, and feedback from CPS workers, and predictive analytics. CPS is working with Casey Family Programs to develop a validation plan for the instrument to verify it predicts recidivism.

The current CPS policy and practice, however, does not provide nor require a safety risk assessment scored tool that measures the degree and known types of immediate dangers to a child/children during the critical decision making process of the initial face-to-face child/home visit within the required 24 hour period for priority one cases. As a result, and as validated by Investigators we spoke with in the regions, the current safety instrument is of little to no use during that initial 24 hour visit. Although the content in the existing safety assessment instrument may assist caseworkers of what to think about in arriving at early critical judgments, the fact is the tool is not completed until 7 days after the initial visit. Thus, it is more a process of "reflection" and not used before critical decisions are being made regarding any imminent safety issue. CPS staff need a research-based tool to guide and support their decisions; and produce dependable predictions of child safety early on in the investigation.

## Decision Making within Investigations, including Safety and Risk Assessment

### *The Texas Context*

The Texas Family code provides much of the framework for decision making:

- The Texas Family Code, Chapter 261 establishes:
  - 261.001: Definition of Abuse and Neglect
  - 261.301: Requires a “prompt and thorough investigation of a report; (d) 1: “immediate response” in which death or substantial bodily harm would result without immediate intervention”; and 2: “24 hours for highest priority”; 3: “72 hours for second highest priority”.
- The Texas Administrative Code establishes:
  - Title 40, Part 19, Chapter 700, (E); Rule 700.507: Response to Allegations of Abuse and Neglect: “DFPS staff may respond with any of the following protective interventions”.
  - 2310: Assessing Safety
  - 2311: Initial Assessment: Safety threats “are dynamics, conditions, or situations in a home that alone, or in combination, could indicate or contribute to an existing or developing danger for children.”
  - 2312.2: Identifying a Present Danger of Serious Harm (Time, Demonstration, Seriousness
  - 2113.1: Definition of Abuse: Emotional, Physical, and Sexual
  - 2113.2: Definition of Neglect: Abandonment; Neglectful Supervision; Medical Neglect; Physical Neglect; Refusal to Assume Parental responsibility.
  - 2116: Other Definitions of Substantial Risk of Harm standard refers to “acts or omissions that have already occurred and that put a child at risk of harm.”
  - 2316: Subsequent Safety Assessments During an Investigation
- Texas HHS System Strategic Plan: 2011 – 2015: Volume 1
  - Chapter 7.3.1: Improving Child Protective Services: Strategic Priority: “Improve our ability to detect potential risk to vulnerable children.”

### *Other States*

States have been grappling with the question of which approach to safety and risk assessment instrument construction and field use makes for better outcomes: actuarial (recently Predictive Analytics) or clinical judgment (consensus based approaches).

The question has been compounded by oftentimes State policy challenges specific to identifying either: a) the assessment of immediate and future prediction of child maltreatment; b) the need for a Family Assessment that explores factors that either contribute to or mitigate the future risks of child maltreatment and the family strengths and needs for services and supports that contribute to child/children remaining with the family or reunification if removed.

Current research<sup>99,100</sup> indicates that:

- Actuarial based assessments work best for predicting immediate/imminent and future maltreatment; and,
- Clinical Judgment/Consensus based assessments work best to explore the complex factors through a needs assessment approach with critical thinking.
- “The use of predictive analytics could be used as a supportive tool to help caseworkers determine a child’s risk level, the type of services that would be most helpful to a family, and a case plan to maximize a family’s chances of staying together safely.”<sup>101</sup>

In summary, the Casey Family Programs survey found:

- A total of 23 states use, alone or in combination with another tool, Structured Decision Making® (SDM) statewide or in one or more of their counties, service regions or tribal areas. Sponsored by the National Council on Crime and Delinquency, SDM® is a proprietary assessment instrument in child protection that promotes safety and well-being. SDM is well researched, focuses caseworkers on critical decision making, is reliable, validated, equity structured (social differences) and is considered relatively easy to use once caseworkers are trained. The SDM model has grown to include substitute care, adult protection, and welfare to work populations.
- A total of 11 states use, alone or in combination with another tool, Signs of Safety (SOS) statewide or in one or more of their counties, service regions or tribal areas. Originally

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<sup>99</sup> Amy C. D ’Andrade, M. Austin, and A. Benton; “Risk and Safety Assessment in Child Welfare: Instrument Comparisons”; *Journal of Evidence Based Social Work*; Vol. 5; pp. 31-56.

<sup>100</sup> M. Austin, A. D ’Andrade, K. Lemon, A. Benton, B. Chow; “Risk and Safety Assessment in Child Welfare: Instrument Comparisons”; *Center for Social Services Research, School of Social Work, University of California, Berkeley*; #2, July, 2005

<sup>101</sup> M. Bissell, J. Miller; “Child Welfare and Technology”; *Stewards for Change* (2013)

developed in Western Australia, the SOS assessment model focuses on family strengths and safety in child protection. The assessment instrument is one page and is continuous throughout the life of a case.

- A total of 17 states use, alone or in combination with another tool, NRCCPS' ACTION Model statewide or in one or more of their counties, service regions or tribal areas. Sponsored by the National Resource Center for Child Protection (one of 10 centers funded by the Federal Department of Health and Human Services), the ACTION safety assessment approach is a structured intervention process that includes: Intake, Family Functioning/Safety Assessment, Protection Capacity Family assessment, and Protective Services Capacity Progress Assessment
- 11 states use Structured Decision Making® (SDM) as the only tool statewide or in one or more of their counties, service regions or tribal areas.
- 3 states use Signs of Safety (SOS) as the only tool statewide or in one or more of their counties, service regions or tribal areas.
- 11 states use NRCCPS's ACTION Model as the only tool statewide in one or more of their counties, service regions or tribal areas.
- 8 states use both Structured Decision Making® (SDM) and Signs of Safety (SOS) in one or more of their counties, service regions or tribal areas.
- 5 states use both Structured Decision Making® (SDM) and the ACTION Model in one or more of their counties, service regions or tribal areas.
- 10 states are using other tools or have developed their own safety and/or risk assessment.”

In addition, the Casey Family Programs survey found that:

- Colorado – Counties are required to use the North Carolina Family Assessment Scale (NCFAS) plus family functioning tool; they may also be using additional tools.
- Georgia - Georgia uses hybrid risk and safety assessments, simply titled 'safety assessment' and 'risk assessment', statewide. GA is currently in the process of choosing new safety and risk assessment tools.
- Idaho - A safety assessment developed with American Humane Association is used, and incorporates the standard signs of danger.
- Iowa - Iowa has created their own safety and risk tools and protocol, modeled after another state.
- Kentucky - A tool based on a risk framework and an ecological model is used throughout the life of the case, with on-going updates added.

- Mississippi – Mississippi uses a Safety/Risk Assessment for regular investigations, and a Risk Assessment for Resource Homes.
- Puerto Rico – Puerto Rico uses the Inventory for the Scrutiny of Multiple Problems.
- South Carolina – South Carolina reported plans to begin implementation of Signs of Safety by the end of 2011.”
- Utah – Utah reported plans to use the SDM safety and risk assessment tools in its SACWIS system beginning in 2012. The tools will be modified to fit the state's Practice Model.
- According to the Casey Families Program Survey, North Dakota, Oregon, and Rhode Island were not using a specific risk assessment tool at the time of their 2011 survey.

The variance among State approaches to “Decision Making” within Investigations, Including Safety and Risk Assessment indicates a lack of a national consensus. State centric models are continuing to be development on actuarial and/or clinical judgment/consensus methods.

### *Assessment*

- CPS is engaged in work designed to strengthen aspects of Safety and Risk Assessment as evidenced by the on-going work in the Hays County pilot designed to integrate with the Alternative Response program.
- CPS staff are actively working on improvements to the Safety/Risk assessment process.
- Current CPS practice does not provide a Safety Assessment scored instrument or protocol that documents the assessment parameters, decision making processes, and actuarially designed score during the initial 24 hour child – parent/caregiver contact for Priority One cases.
- TSG considers the lack of a well-designed initial 24 hour visit critical factor assessment instrument to be of high risk.
- There is valid concern among Investigations staff in the field about the lack of a scored initial visit assessment instrument as well as the usefulness of the 7 day safety assessment instrument for initial visit decision making.

### *Comments from the field:*

In check marking the boxes of the Safety and Risk Assessment - "If the case is going to child safety specialist, I will make sure it looks good...you know what they are looking for." "They review any case with three referrals in a year or where it is RTB/Undetermined under and the child is under 3." "I try to make sure they approve the case."

“Safety assessment is on-going in my head throughout initial assessment”

“Safety assessment form due within 7 days doesn’t help us make a decision; it is a reflection of the decision.”

“Safety assessment is not useful, just another form.”

“No system based on (weighted) numbers”

“Caseworkers have the 10 factors of child fatalities – if a case rises to that level case should be considered for imminent danger – the list is “in our head.”” There is no documentation is required at initial visit. Safety Assessment at 7 days is “hogwash.” We are always assessing safety and risks.

“Safety assessment does not make us use a standard list of safety/imminent danger factors up front.”

Safety Assessment instrument is “just opinion.” Opinions may have correlations that are important but only documented after 7 days.

“We need a Safety Assessment that is more immediate than 7 days.”

"We have been struggling with decision making for over 20 years." "We have never had the infrastructure to make this work."



## STATEWIDE CHILD FATALITY REVIEW SYSTEM

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### *CPS Current Practice*

The Statewide Child Fatality Review System includes six discrete review teams for each fatality. These include:

- Regional Child Death Review Committee (RCDRC) (Internal CPS peer review: reviews abuse/neglect fatalities in real time after the investigation is closed.)
- Child Safety Review Committee/CSRC: Internal; State Office (SO) Legal, Program, CLOE, Child Care Licensing, Statewide Intake and external stakeholders such as law enforcement, CASA, early childhood, medical professionals and DSHS. CSRC is the CPS statewide group reviewing real time case specific information from the RCDRC and CRT.
- Child Fatality Disposition Review Team: reviews cases that are RTB with severity of fatality specific to consistency of decision. (Internal CPS peer review)
- Citizens Review Teams (CRT) (TFC: 261.312; Internal, External multi-agency)
- Child Fatality Review Teams (LCFRT) (TFC: 264.505; 204.506 (a)); coordinated by the Department of State Health Services across the state. (TFC: 264.502); External, multi-agency
- State Child Fatality Review Team (SCFRT) (TFC: 264.505; 204.506 (a)); coordinated by the Department of State Health Systems (TFC: 264.502); External, multi-agency

CPS works closely with the State Child Fatality Review Team, attends quarterly meetings and provides requested information and provides assistance with position statements and updates. The Child Safety Review Committee reviews the findings of the Regional Child Death Review Committees and the Citizen Review Teams. TSG could not identify a consistent method of communication between the Child Safety Review Committee and the Citizen Review Teams. TSG has heard from key players in field operations that after offering solid recommendations there is not a consistent line of communication back to the Citizen Review Teams.

The Commissioners of HHSC and DFPS have made clear that improving the Child Fatality Review Process is a high priority. As a result, during the past year, CPS has prioritized the development and implementation of improvement strategies for the CPS Child Fatality Review System with implementation rolled out in March 2014. CPS released the “Protocol Guidebook for Child Fatality Investigations and Review Process,” which was implemented in early 2014. Additionally, a training webinar on the new Protocol was required for Investigations management.

## How Other States Treat Child Fatality Review

- AZ (AS: 36.3501) utilizes a State Wide Child Fatality Review Team with broad independent representation:
  - Attorney general.
  - Office of women's and children's health in the department of health services.
  - Office of planning and health status monitoring in the department of health services.
  - Division of behavioral health in the department of health services.
  - Division of developmental disabilities in the department of economic security.
  - Division of children and family services in the department of economic security.
  - Governor's office for children.
  - Administrative office of the courts.
  - Parent assistance office of the Supreme Court.
  - Department of juvenile corrections.
  - Arizona chapter of a national pediatric society.
  - Additionally, the Director of Health Services appoints several other representatives including an independent Medical Examiner who is a Forensic Pathologist, representative of statewide law enforcement; an independent child advocate, and a member of the public at large.
  - The work of the statewide committee is augmented by 11 county based volunteer child fatality review committees.
- California<sup>102</sup>
  - The California Department of Public Health (CDPH) created the Fatal Child Abuse and Neglect Surveillance (FCANS) Program in 2000 to carry out its mandate to track data on fatal child abuse and neglect (Penal Code §11174.34 Section). General funds for this program were cut in 2008.
  - Currently, California only has local county teams. The State CDR Council was disbanded in 2008 when State funds were cut. The mandate for a State team is contingent upon funds being available.
- New York<sup>103</sup>

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<sup>102</sup> National Center for Child Death Review, Policy, and Practice (2012)

<sup>103</sup> National Center for Child Death Review, Policy, and Practice (2012)

- In 1999, legislation was enacted authorizing the creation of local or regional child fatality review teams in New York. The New York State Office of Children and Family Services (OCFS) is the State agency responsible for various administrative functions relating to this program.
- New York State Social Service Law allows a child fatality review team (CFRT) to be established at a local or regional level, with the approval of OCFS. The purpose of the CFRT is to review the death of any child whose care and custody or custody and guardianship has been transferred to an authorized agency, any child for whom child protective services has an open case, any child for whom the local department of social services has an open preventive services case, and in the case of a report made to the New York Statewide Central Register of Child Abuse and Maltreatment involving the death of any child. A CFRT may also investigate any unexplained or unexpected death of any child under the age of eighteen.
- A CFRT must include, but is not limited to, representatives from the local Child Protective Service, OCFS, county department of health, or, should the locality not have a county department of health, the local health commissioner or his or her designee or the local public health director or his or her designee, Office of the Medical Examiner, or, should the locality not have a medical examiner, Office of the Coroner, Office of the District Attorney, Office of the County Attorney, local and State law enforcement, Emergency Medical Services and a pediatrician or comparable medical professional, preferably with expertise in the area of child abuse and maltreatment or forensic pediatrics. A CFRT may also include representatives from local departments of social services, mental health agencies, domestic violence agencies substance abuse programs, hospitals, local schools and the Family Court.
- Pennsylvania<sup>104</sup>
  - Pennsylvania's CDR Program was established in November 1994. It began as a pilot study without legislation. In October 2008, Pennsylvania passed a law mandating child death reviews. The program is housed out of the Pennsylvania Chapter of the American Academy of Pediatrics. There are 1.75 employees at the State level that staff the program.
  - Teams
  - State Team:  
The team is comprised of selected members and representation from all 64 Local Teams.

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<sup>104</sup> National Center for Child Death Review, Policy, and Practice (2012)

- Local Teams: (Chairperson - Facilitating Organization)  
Pennsylvania has 64 local review teams. All 67 counties in the state participate on State and/or local teams. Teams do not receive any funding from the State team.
- Reviews – Pennsylvania CDR teams review all deaths of children from birth through their 21st year. There are approximately 2,000 deaths each year. At this time team are reviewing 87% of all child deaths.
- Purpose – Pennsylvania Child Death Review has a focus on prevention. This activity is accomplished by identifying factors which cause a risk for injury and death, including modifiable risk factors; making recommendations regarding the improvement of health and safety policies in the Commonwealth and coordinating services and investigations. Local teams make recommendations relating to the procedures and other actions to local agencies to reduce injury and death of children.
- Pennsylvania produces an annual report that is submitted to the Governor and the General Assembly by September of each year. The report includes summary of reports received by local child death review teams and recommendations relating to the reduction of risk of child injury and death. Annual reports are posted on both the PA Department Health and the PA CDRT resource website.

The National Scene: Types of Children’s Ombudsman Offices/ Offices of the Child Advocate<sup>105</sup>

Jurisdiction, size and operation of Children’s Ombudsman Offices vary by state.

- Children’s Ombudsman Office may be established by legislation, executive order, or by the child welfare agency.
- A Children’s Ombudsman office can be an independent agency established by statute, existing either in the legislative branch or executive branch, or may be established within the child welfare agency.
- The office may be run by the government, or a non-profit organization under government contract.
- Independent and autonomous agency with oversight specific to child welfare.

Eleven states operate independent and autonomous Ombudsman offices, specifically handling child welfare issues: ([Colorado](#), [Connecticut](#), [Georgia](#), [Indiana](#), [Maine](#), [Massachusetts](#), [Michigan](#), [Missouri](#), [Rhode Island](#), and [Washington](#)). These operate within, but autonomous of, the State agency providing child welfare services. Three states ([California](#), [Texas](#), and [Utah](#)) have established Children’s Ombudsman offices that operate

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<sup>105</sup> National Council of State Legislators: 2014

within the state's division of child welfare services, but are established to act autonomous of the agency they oversee. These Ombudsmen are also established by statute. These provide oversight to all governmental agencies within the state including child welfare services.

Five states ([Alaska](#), [Arizona](#), [Hawaii](#), [Iowa](#), and [Nebraska](#)) have general jurisdiction ombudsmen established to oversee all public agencies or departments within the state including child serving agencies. These five Ombudsman offices are each established by statute, and exist independently as part of the Legislative Branch. These are non-Independent Children's Ombudsman offices, established within the child welfare agency.

Eight states ([Arkansas](#), [Kentucky](#), [Illinois](#), [Oklahoma](#), [New Hampshire](#), [New Jersey](#), [New York](#), and [Oregon](#)) have non-independent Ombudsman offices established within state's division of child welfare services designed to take complaints and resolve disputes within the agency of oversight. These Offices may or may not be established by statute. These Ombudsmen are appointed by the Director of the agency.

Four states ([Delaware](#), [Maryland](#), [Minnesota](#), and [Nevada](#)) have established Ombudsman like services by statute, limited to specific constituencies or services within the child welfare system. Delaware's program assists with judicial advocacy; Maryland has Children's Advocate who assists residential youth with complaints; Minnesota has four Ombudspersons working with four different communities of color; and Nevada serve missing and exploited children. These Ombudsman programs may or may not be independent and autonomous of the agency they oversee.

Five states ( [Montana](#), [Ohio](#), [South Carolina](#) and [Virginia](#)) have county- or program-based Ombudsman not established in State statute. These programs may be run as a citizen complaint office within the Governor's office; through individual county children's services agencies; or, are specific programs such as Virginia's Juvenile Justice's Ombudsman Office.

### ***Assessment***

The Commissioner has made a high priority of improving the Child Fatality Review Process to ensure that best practices are determined and implemented across CPS. CPS has invested considerable effort and expertise as evidenced by the 2014 establishment of the Child Safety Review Team and the early 2014 update of Policy, Disposition, and related webinar Child Fatality Review System required training.

Much of this flows from the July 2013 DFPS Internal Audit titled “Child Death Investigations and Reporting.” The report commented and made recommendations on seven specific areas, which CPS is currently in the process of reviewing and implementing. Additionally, the 2012 “Child Maltreatment: 2012”<sup>106</sup> report on CPS related child fatalities measured 3.08 per 100,000 with the national state average being 2.20 per 100,000. TSG recognizes this number will change in the 2013 report based on the significant decrease in CPS related child fatalities in 2013. This shows that CPS has work to do to reduce the number of child fatalities among children receiving care.

The Child Fatality Review process, regardless of method and procedure, benefits by engaging a proactive, comprehensive and transparent communications plan for the public, elected officials, advocates, families, community partners, and staff.

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<sup>106</sup> “Child Maltreatment: 2012”: DHHS/ACF, p. 56

## TRAINING AND PERSONNEL DEVELOPMENT AT ALL LEVELS

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“Get rid of the lengthy classroom experience and put new hires out in the field with mentor workers.” – Survey Respondent

“Change BSD - remove so much of the theory aspects and get to the nuts & bolts of what workers will really need to do once they get case assignable.” – Survey Respondent

“On-going management training should be a priority. I have dealt with many managers who do not seem trained on dealing with workers. They either get stressed out and take it out on workers or cannot make decisions without checking with someone else. There is a lack of empowerment.” -- Survey Respondent

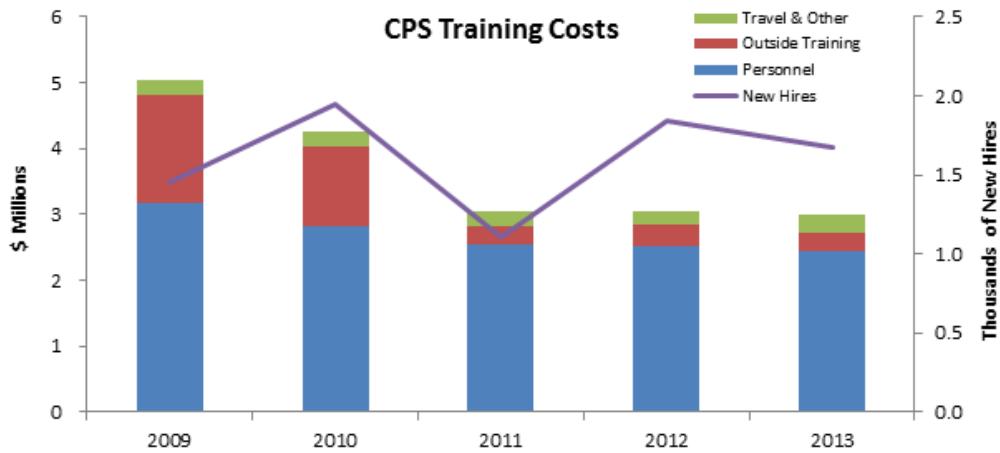
“Improve training to all levels of staff (clerical as well as management)...we provide no formal training to case aides, even on such simple things as doing excel spreadsheets! There is not real formal training for PD's, PA's, RD's, etc.” -- Survey Respondent

### Training Curriculum

The Center for Learning and Organizational Excellence (CLOE) Training Unit within the Department of Family and Protective Services (DFPS) provides CPS staff training and ongoing professional development for the CPS workforce. Expectations for the statewide training and certification system are defined in Texas Human Resources Code 40.036 & 40.037, DFPS policy, and also through federal regulations (45 CFR 1356.60 (b)(2)).

DFPS has a CPS training budget of \$3 million to fund CLOE and 14 Training Academies around the state (Figure 74). According to CLOE, 67 of the 114 CLOE FTEs are CPS training staff that provide a combination of management, development, and/or delivery of CPS training. The salary, travel, and overhead for CPS training staff is 2,883,495. In addition, CPS has a budget for contracted training of \$292,671. There are 5 training academies across the state, and 14 training locations.. Texas DFPS earns matching federal Title IV-E training dollars based on the predetermined 50% and 75% Federal Financial Participation (FFP) rates by training type and topic. During the 1<sup>st</sup> quarter 2014, DFPS expended \$2.26 million with \$1.7 million claimed at a 75% FFP.

Figure 74 - CPS Training Costs – 2009-2013



CLOE conducts the Basic Skills Development (BSD) training for the CPS workforce, to include investigators, CVS, FBSS, Kinship, Foster Care, and Adoption workers. BSD training is 12 – 13 weeks of classroom instructor led and on the job supervised field activities and mentoring. All CPS workers attend 7 weeks of core training and it is immediately followed by 6 -7 weeks of specialized training based on position. BSD training for all CPS workers is provided at the State DFPS level through the regional training academies.

In addition to the BSD training, CLOE also develops and conducts training for the CPS Specialist and Advanced Specialist certification requirements for each of the position types. The CPS workforce is hired at a Level I and is eligible for advanced certifications at Levels III & IV that require additional agency, programmatic, and elective training hours. Minimum standards for training and certification are set in Texas Code and DFPS policy and the training academy structure is used to deliver the required trainings.

The advanced certification (Level III & IV) trainings are not required, but are tied to promotional opportunities and an increased base rate of pay. The promotions are not linked to performance, merit, or an advanced demonstration of skill proficiency. The CPS workforce is encouraged to attend trainings as a prerequisite to promotion, but the training is not required.

During the initial 60 days of the Operation Review, TSG consultants were continuously informed of deficiencies in the BSD training and how it did not prepare the CPS workforce for the immediate demands or challenges of the job. One investigator went as far as saying, “the training is many egregious deviations from the normal type of case. The training did not prepare me for the real day-to-day cases.” A senior leader indicated the core training is “okay”, but the specialized training is “probably too much” and there is very little retention with all of the law,



policy, and conceptual information put forth in BSD. Some other comments from senior leaders; “maybe they’re not getting it”, “the information is too hard to remember; can they remember everything they learned”, “more time in the field”, and “too much information”.

There was universal agreement that the previous Continued Job Skills Training (CJST) with assigned and dedicated field mentors for new CPS workers was very effective to help them apply what they learned in BSD. Another universal discovery was the misconception of the “protected caseload” for new CPS workers. There is wide variation of how new CPS workers are assigned cases immediately following training.

A review of the BSD curriculum revealed a set of integrated and necessary core objectives to provide a new worker the framework to move forward in the new role. The current BSD training program is comprised of two main phases outlined below and in Table 43.

**Phase I – Core Training**

- Dissemination of core knowledge based on 30 core objectives
- 7 total weeks; 5 weeks of instructor led classroom training and 2 weeks of OJT
- Requires a post assessment

Table 43 - Child Protective Services Basic Skills Development – Core Training

Week	Objectives
1	Casework Principles, Legal, Safety & Risk, Case Reviews, Statutory Definitions of Abuse, Substance Abuse, Worker Safety, Child Development
2	Risk Assessment, Disproportionality, Family Systems, Abuse/Neglect History Searches, Safety Assessment
3	OJT – Complete various field related activities
4	Interviewing, Safety Assessment, Alternatives to Removal, Emergency Safety Measures, Photography, FGDM, Contacting Collaterals
5	Referring Families to Services, Transporting Children, Removing a Child From the Home, Placing a Child in a Foster or Kinship Placement, Medical Needs of Children
6	OJT – Complete various field related activities
7	Legal, TIC, Parent-Child Visits, Cultural Competency, & Core Post Assessment

**Phase II – Specialty Training**

CPS’ specialty training is described below and in Table 44.

- Dissemination of advanced child protection concepts and skills
- 6 total weeks of training; 4 weeks of instructor led classroom training

- Recently increased OJT to 3 weeks to enhance experiential learning
- Investigations receives one less week of OJT
- Post hands-on testing

Table 44 - Child Protective Services Basic Skills Development – Specialty Training

Week	Investigations	Conservatorship	FBSS	Kinship
8	<ul style="list-style-type: none"> <li>Goals of an investigation</li> <li>Critical Thinking</li> <li>Engaging the Family</li> <li>Initial Staffings</li> <li>Joint Investigations</li> <li>Child Death</li> <li>Go Mobile</li> <li>Child Interviews</li> <li>Child Safety</li> <li>Adult Interviews</li> </ul>	<ul style="list-style-type: none"> <li>Setting up a CVS Case</li> <li>Family Assessment</li> <li>Parent/Caregiver Interviews</li> <li>Child Interviews</li> <li>Family Plan of Service</li> <li>Child Plan of Service</li> </ul>	<ul style="list-style-type: none"> <li>OJT – working as secondary on two cases</li> </ul>	<ul style="list-style-type: none"> <li>Setting up a CVS Case</li> <li>Family Assessment</li> <li>Parent/Caregiver Interviews</li> <li>Child Interviews</li> <li>Family Plan of Service</li> <li>Child Plan of Service</li> </ul>
9	<ul style="list-style-type: none"> <li>Safety Plans</li> <li>Risk Assessment</li> <li>Dispositions</li> <li>Parental Child Safety Placements</li> <li>Referring for Services</li> <li>Conducting a Removal</li> <li>Closing an Investigation</li> </ul>	<ul style="list-style-type: none"> <li>OJT – working as secondary on two cases</li> </ul>	<ul style="list-style-type: none"> <li>Parent/Caregiver Interviews</li> <li>Child Interviews</li> <li>Family Assessment</li> </ul>	<ul style="list-style-type: none"> <li>OJT – working as a secondary on two cases</li> </ul>
10	<ul style="list-style-type: none"> <li>OJT – working as a secondary on two cases</li> </ul>	<ul style="list-style-type: none"> <li>Educational Needs</li> <li>Engaging the Family</li> <li>Subsequent Placements</li> <li>Family Reunification</li> <li>Medical and Dental Needs</li> <li>Go Mobile</li> </ul>	<ul style="list-style-type: none"> <li>FBSS Referral Process</li> <li>Family Plan of Service</li> <li>Setting up Services for the Family</li> <li>Managing a case for Progress</li> <li>Case Documentation</li> </ul>	<ul style="list-style-type: none"> <li>Educational Needs</li> <li>Engaging the Family</li> <li>Subsequent Placements</li> <li>Family Reunification</li> <li>Medical and Dental Needs</li> <li>Go Mobile</li> </ul>
11	<ul style="list-style-type: none"> <li>OJT – working as a secondary on two cases</li> </ul>	<ul style="list-style-type: none"> <li>OJT – working as a secondary on two cases</li> </ul>	<ul style="list-style-type: none"> <li>OJT – working as a secondary on two cases</li> </ul>	<ul style="list-style-type: none"> <li>OJT – working as a secondary on two cases</li> </ul>
12	<ul style="list-style-type: none"> <li>Legal</li> <li>Hands-On Testing</li> </ul>	<ul style="list-style-type: none"> <li>OJT – working as a secondary on two cases</li> </ul>	<ul style="list-style-type: none"> <li>OJT – working as a secondary on two cases</li> </ul>	<ul style="list-style-type: none"> <li>OJT – working as a secondary on two cases</li> </ul>
13		<ul style="list-style-type: none"> <li>Family Violence</li> <li>Preparation for Adult Living</li> <li>Legal</li> <li>Closing a case</li> <li>Hands-On Testing</li> </ul>	<ul style="list-style-type: none"> <li>Parental Child Safety Placements</li> <li>Go Mobile</li> <li>Family Violence</li> <li>Legal</li> <li>Closing a Case</li> <li>Hands-On Testing</li> </ul>	<ul style="list-style-type: none"> <li>Family Violence</li> <li>Preparation for Adult Living</li> <li>Legal</li> <li>Closing a Case</li> <li>Hands-On Testing</li> </ul>

## Curriculum Management

DFPS created a Statewide Training Council that meets quarterly and conducts an annual training assessment. The Council has representation from all regions at all levels. The Council has an opportunity to provide feedback on the BSD curriculum as well as other training needs. In addition, the BSD training curriculum is reviewed every two years and is modified as necessary based on new and/or improved child protection information (literature reviews or University recommendations), feedback from the Regional Training Councils, and results from the post BSD trainee surveys. There are several different types of learning and CLOE attempts to design the curriculum to meet the broad demands.

CLOE has positions titled Curriculum Developer. Most of these are hired based on CPS experience and not professional training or education in the field of curriculum design. CLOE does employ a curriculum designer with educational credentials and professional design experience. All curriculum developers are trained in the ADDIE (Assess, Design, Develop, Implement, and Evaluate) method for instructional designers and training developers.

CLOE CPS trainers are not certified, but are historically hired from the CPS field with working experience. CLOE prefers trainers that have had CPS supervisory experience. The high CPS attrition rates require constant BSD trainings and limit the ability of CLOE to further develop their trainers.

## Assessment of Current Training Programs against the Job Requirements

Feedback from Region CPS staff and leadership across the State suggested that the most important aspects of BSD training are the experiential activities that provide opportunities to practice skills and apply knowledge to cases and authentic work situations. In fact, there was a general consensus that practical and experiential training are the most effective method to prepare the CPS workforce for their role in assessing risk and ensuring safety for children and families. Conceptually, the BSD core objectives align with the job requirements, but it is widely reported the learning to application is lagging.

### *Skill Development Program other than Training—Such as On-The-Job*

CPS staff report the OJT participation during BSD Core and Specialty is the right direction, but the actual experience may not always meet expectations:

- Assigned mentors are busy with their own cases
- Activities are usually mild and benevolent – not always real learning experiences

- Secondary cases are too easy
- Not always enough time to complete meaningful activities
- Supervisors are too busy

### **Training or Outside Conferences**

External training opportunities are encouraged when possible. The Regions control access and approval to local opportunities and CLOE does approve most large conferences. Also, based on feedback from the Training Council, CLOE travels statewide to offer training on certain topics. CLOE will utilize local colleges or universities and at times contract for national trainers or lecturers.

### **Training Effectiveness is not Measured Sufficiently**

The training curriculum is not tested for efficacy or measured against position expectations and requirements. Trainees are provided the opportunity to complete a survey at the conclusion of BSD. Historically, there have been mixed results and CLOE follows up on areas that are rated low. Effective April 1, 2014, CLOE will also survey trainees 3 months after BSD. The initial survey was just released for CPS staff that completed training in December 2013. TSG found no other evidence of measuring learning effectiveness. We expected to find learning to be measured at four points:

- Satisfaction – immediately after training (as we found, described above)
- Retention – within a few weeks
- Application – within a few months
- Impact on job performance– within the first year

### **Use of E-Learning**

CLOE has E-learning specialists and have recently incorporated E-learning webinars into BSD training. On designated days of BSD Core training, trainees participate statewide on webinars to facilitate and accelerate certain topics. This change was based on direct feedback from the field through the Regional Training Councils to create additional field experience. The change allowed for extra days of OJT and more time to apply learning to practice. Although statewide webinars have been included in BSD, it stops short of developing self-paced E-learning modules for certain topics.

## Collaborations with Universities and other Institutions of Higher Learning

CLOE reports long-standing relationships and partnerships with the state's universities and colleges. Universities have assisted and developed child protection related curriculum and have allowed DFPS to use curriculum designed by the university. Some universities have reviewed DFPS training materials before being implemented. Recently, Texas Christian University (TCU) completed a research project in collaboration with DFPS to create a Trust-Based Relational Intervention to improve working relationships between CPS workers and families involved in the child protection system. CLOE indicated the strongest relationship and the one with the most tenure was the University of Texas.

DFPS and CLOE also coordinate the Federal IV E Stipend Program to allow certain positions within CPS to earn degrees in Social Work. Candidates must have been on the job for one year and meet the performance and human resource conditions to apply. Accepted candidates must sign a contract and remain with DFPS for 6 months for every semester completed.

## Overall BSD Training Assessment

As one CPS senior leader articulated, "Child welfare is complex and it is impossible to teach everything in BSD, new staff will never learn 100% of the things they need to know".

There was a strong consensus across the state that field training programs were very successful in new CPS staff development and would lead to higher retention rates. Some regions provide informal mentoring opportunities for new CPS staff after BSD training. But again, there are huge variations across the state. This practice was noted as effective in preparing new CPS staff by providing them with experience on which to apply class content. Current Region CPS mentoring programs were described as not being consistent or formalized throughout the state and there is currently no structured field trainer/mentor development program or incentive for experienced CPS staff to act as mentors.

Although there was a recent shift in BSD training from less conceptual training to more task oriented learning, it was evident CPS leaders and staff wanted more opportunities for experiential learning in the BSD training to practice with real cases, utilizing actual documents, and using IMPACT.

Some CPS staff felt the training was designed to focus on the post assessment test versus skill development. CPS leaders spoke of modeling practice and increasing experiential activities. An

overriding voice from CPS leaders was of needing dedicated field mentors and not investigators and CPS staff with full caseloads trying to mentor new staff.

PDs from around the state have complained that workers leave training unprepared and not ready to assume their roles. Two of the primary issues; workers do not receive additional coaching and mentoring once assigned cases and the protected case load guidelines for new staff are not followed consistently around the state.

Supervisors and managers must understand the application of learning and how to reinforce BSD training and as should be expected, at times, to fill in the gaps for new workers. There needs to be a better understanding of when BSD training ends and supervision begins.

## Key Findings

- Training expectations after BSD are not realistic – CLOE & receiving Regions
- Curriculum and methods not meeting needs – people being trained vs. culture of learning
- Even after reduction in conceptual training to more experiential learning, staff still feel training does not teach day-to-day real work functions
- Training is designed to prepare for the post assessment and not focused on skill development
- Feedback from CPS staff all over the state suggested that the most important aspects of BSD training are the experiential activities that provide opportunities to practice skills and apply knowledge to authentic work situations
- Safety/Risk Assessment decision making and critical thinking are not an identified learning module in BSD Core: during 1-7 weeks.
- Critical Thinking is an identified learning module in BSD – Investigations: during 8-13 weeks.
- “Well Being” is not an identified learning module in BSD Core
- “Health Passport” is not an identified learning module in BSD Core

## Training for Supervisors

### *Current Practice*

The job of a frontline child protection supervisor is critically important and one could make a compelling case that it is the most challenging and difficult job within a CPS agency. As documented earlier in the report, research has demonstrated a direct correlation between

ineffective supervision and critical employee measures such as staff turnover, morale, performance, and agency outcomes for children.

The quality of the direct services provided to children and families, the positive outcomes of service delivery, the successful recruitment and retention of workers, and the ability of child welfare organizations to function in times of change and stress depend on the recognition, development and affirmation of supervisors as crucial organizational and community leaders.<sup>107</sup>

A recent think tank symposium sponsored by the Social Work Policy Institute in conjunction with the National Child Welfare Workforce Institute confirmed that effective supervision is a critical ingredient in addressing CPS staff retention, organizational culture, and child and family outcomes.

Supervisors in child welfare experience competing priorities and must have the ability to support change, ensure cases are adequately resourced, reports are timely, files are up to date, mentor their staff, be accessible, manage internal operations, understand their community, and most importantly, lead.

CPS supervisors provide guidance related to front-line clinical practice, serve as managers in disseminating updated policy, evaluate performance, and should demonstrate leadership qualities. Supervisors are also expected to be highly skilled practitioners that support staff in their implementation of effective practices that result in improved outcomes for children and families. There is widespread agreement gleaned from the state office and regional interviews that child welfare supervisors spend too much time on administrative and compliance driven tasks. Supervisors should be allowed to invest their time in direct supervision to support planning and implementing activities through the life of a case. Supervisors should also get out of the office to engage in coaching and field mentoring.

According to one CPS senior leader, most supervisors were workers and selected because they had a record of “of getting it done and not because they could lead.” It was reported to TSG, that historically CPS workers were promoted without adequate training or understanding of their new role. Texas, not unlike many other many CPS agencies promotes workers with excellent technical skills thinking they will transfer that success into supervision. Another CPS leader suggested the longest tenured workers were hired thinking experience suggests leadership.

TSG heard over and over again that the spotlight is always focused on worker performance and administrative functions.

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<sup>107</sup> National Child Welfare Workforce Institute [NCWWI] Leadership Academy for Supervisors [LAS], 2010).



A major challenge for many CPS agencies is finding the right people to become supervisors and how to maximize their potential and effectiveness after the promotion.

During the 2013 regular session of the 83<sup>nd</sup> Texas Legislature, S.B. 771 was passed and required DFPS to develop and implement a training program for all new CPS supervisors or managers to complete prior to assuming their management position. The new Human Resources Code Section 40.037 mandated training in the following areas; communication, decision making, and strategic thinking skills to prepare employees to assume management duties, including managing employees workloads, conducting effective unit meetings, managing a mobile workforce, implementing program and operational policies, and completing performance plans.

The bill was drafted to implement a recommendation from an interim Senate Health and Human Services Committee report that identified a gap of 60 days before new supervisors received any formal training. The training was a strategy to help reduce CPS turnover.

The trainings are offered at multiple locations throughout the state at least three times a month. The Beginner Manager training starts with a self-study pre course. Participants must read the Competency Planning and Competency Resource Guide and complete a Competency Assignment Plan.

The Beginning Manager training is three days duration with multiple course topics and the CPS Supervisor training is four days duration with multiple topics. The CPS supervisory training covers a robust grouping of topics specific to child protection and a sampling of administrative topics that require completion by a CPS supervisor.

TSG reviewed and cross referenced the new DFPS Beginning Manager Training and CPS Supervisor Skills Development for alignment with the S.B. 771 requirements. The bold topics in Table 45 represent required skill development areas in the new law.

Table 45 - First Days of a New CPS Supervisor

<b>DFPS Beginning Manager: Transitioning from Peer to Manager</b>	
<b>Week 1</b>	<b>Topic</b>
Day 1	<b>Intro to Management Training</b> , Managing Change, Collaboration, Integrity, & <b>Communication</b>
Day 2	<b>Decision Making</b> , Cultural Competency, Professional Development, <b>Strategic Thinking and Planning</b>
Day 3	Civil Rights for Managers, Managing Time and Leave, <b>Positive Performance Management</b>
<b>Child Protective Services Supervisor Basic Skills Development</b>	
<b>Week 2</b>	<b>Topic</b>
Day 1	<b>Foundations of Leadership</b> , Understanding the Agency’s Organization, Intro to the Kadushin

	Model, Discussion with CPS Leadership and SMEs, Updating staff on PSAs
Day 2	Legal, Effective Time Management, <b>Data Warehouse Reports, Compiling Data for Monthly Reports, Assigning Cases</b>
Day 3	Child and Family Service Review Training, <b>Reviewing Cases, Reading Cases for Closure, Travel Expenses, Handling Inquiries for Consumer Affairs, Tour of SWI</b>
Day 4	Conducting Case Conferences, Monitoring & Evaluating Staff Performance, <b>Mobile Workforce, Conducting Unit Meetings</b> , Developing Staff, Secondary Trauma, Self-Care, Staff Training

In addition to the required upfront management training, staff all over the state reported there are sporadic opportunities for ongoing professional development, but there is no consistency and the events are not well disseminated.

The experience and “get it done” technical skills are essential elements, but effective communication, ability to make difficult decisions, coaching for performance, motivating a team, and accountability leadership skills are some of the behavioral attributes that separate marginal managers from effective leaders. The new Texas Supervisor Training selects some of these elements, but there are opportunities to add other topic areas such as; coaching and mentoring, conflict resolution, team building, quality casework, recognition, rewards, and retention, listening skills, and setting expectations to improve the effectiveness of CPS supervisors.

### Leadership Training at DFPS

Leadership Training at DFPS is currently going through some major changes. In the past, there was no leadership training at DFPS for CPS Program Directors (PDs), Program Administrators (PAs), and other advanced management positions. The Commissioner recognized the need for leadership and advanced management training and recently was able to obtain permission from the legislature to establish four new positions that will be in charge of leadership training for all of DFPS, including CPS. These positions will consist of expert trainers and curriculum developers that will help advance leadership and management skills in mid to upper level DFPS staff.

The plan is for the new Unit to be called Leadership for Advanced Management (LAM), and the four LAM staff will directly report to CLOE. LAM will also be sponsored by members of the Commissioner's Executive Team.

The curriculum that LAM is developing will apply to DFPS executive staff down to the PD level and recommendations will also be made for BSD supervisor training. The plan is for the training

to be on-going. Leadership and management skill principles will be developed and taught in the areas of

- critical thinking;
- trust; and
- accountability

LAM is meeting now with CPS management in every Region to develop the blueprint for the training in a collaborative manner. Their intent is to elicit ideas and feedback from the CPS leadership in the Regions and then begin to develop the core curriculum, which will be rolled out in two phases. The first phase will be Regional pilots consisting of a core leadership and management principles curriculum - The Five Dysfunctions of the Team - and LAM will build upon that curriculum throughout the pilot program in phase one. LAM then plans for phase two to offer strength based supervision training to every management level in DFPS. Currently, LAM is meeting with a consultant from the University of Arizona, whose framework for strength based supervision will focus on:

- Staffing Supervision
- Crisis management
- On-going supervision that trains, educates and supports staff
- How to move from crisis to in-depth supervision

Additionally, LAM will be teaching management how to teach staff critical thinking and what their ownership is in the process. Eventually, the thought is to add this component to BSD for supervisors.

### ***TSG Assessment***

TSG applauds the Commissioner and DFPS leadership for taking the initiative to build this core curriculum and module into the leadership of this important organization.

### ***Comments from the field:***

"I can have the knowledge in the class room, but this does not mean I can demonstrate it at game time."

"We need more ability assessment. Let's rate their ability rather than knowledge and skill before they can actually get a case. I would like field trainer sign off and say this person has demonstrated ability in three different situations - today that takes place after graduation. The person is not primary on any case during training."

"BSD training does not provide accurate depiction of the real job in the field"

"There is way too much time spent on investigations"

"There is not enough case work in the field with a mentor"

CVS: "we have to go to court hearings and there is not enough practical court room training in BSD"

FBSS: "there is not enough training experience with family based OJT"

"In BSD, the "Marcy Culhane" case is still used in BSD training, for 20 + years. Case is never updated to today's times"

"Sometimes you get a different trainer every week, different opinions, not time to adjust"

"There is a lack of "Critical Thinking" focus in BSD training"

"There is not enough interview technique training"

"The advanced training for a step increase in pay is only minimally effective"

"There is minimal time management training"

"Workload 'reality' is not covered in BSD"

"Training for managers is a bit rusty and needs to be improved."

"You may get 20 hours of training to be a manager but once you are an established manager there is not a lot of leadership training out there for our supervisors."

"We all need to get training when we become manager - but it all stops at the supervisor level"

"With our system - once you graduate it is like - here is your case and do good."

"The training is really good but the issue is support afterwards. I liked the Peer Trainers and we need them for all stages of service, not just investigations."

"Take the law enforcement model - when you finish training you are paired up with someone experienced for two to three months."

## MAXIMIZING FEDERAL REVENUE

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### DFPS' Policies and Procedures to Ensure Services are Claimed to the Appropriate Funding Source(s) and Documentation Supports Existing Claims

In completing this review, TSG evaluated departmental procedures for determining client eligibility for federal funding sources, appropriately claiming federal reimbursement for allowable activities, and monitoring the accuracy of these activities. To accomplish this TSG interviewed staff, became familiar with federal findings from Federal Title IV-E Reviews from 2000, 2003, 2006, 2009 and 2012, reviewed the department's cost allocation plan, and analyzed current policy and procedure.

There have been several changes over the past several years that have impacted the ability of the department to draw federal funds, specifically Title IV-E. Since 2006, the Title IV-E penetration rate (percentage of youth eligible for Title IV-E) has dropped from more than 70% to below 40%. The first major change occurred as part of the Deficit Reduction Act during which the formula for calculating the penetration rate was changed. Prior to the change the penetration rate was calculated as the ratio of Title IV-E eligible children to the number of children in paid placement. The revised procedure required the ratio be calculated as the ratio of Title IV-E eligible children to all children in the care and responsibility of the State. This change was in line with federal policy and resulted in a twenty-percentage point reduction to the penetration rate. Between 2007 and 2012, the penetration rate experienced a steady decline from approximately 50% to 42%, though the reduction continued to reduce Title IV-E federal reimbursement, this decline was in-line with national trends. According to a 2010 report by Casey Family Programs, "*Title IV-E Foster Care Penetration Rates, SFY 2010*", Texas' penetration rate (48%) was at the top of the second quartile nationally and was roughly equal to the national median (49%). Since that time, the penetration rate continued to decline steadily.

Income eligibility for Title IV-E is linked to the 1996 Aid to Families with Dependent Children (AFDC) standards, and can only be adjusted through a federal law change. To qualify for IV-E funds today, a child has to come from a poorer household today than he or she would have had to in 1996.

DFPS uses relative placements for many children in conservatorship, and relative placements are not IV-E eligible placements since they have not been verified as a foster home. As the

percentage of children in conservatorship who are in relative placements increases, the population ratio decreases.”

The impact and rationale surrounding these two reasons are not unique to Texas and are resulting in similar declines to the penetration rates in similar states, nationally.

The second major change impacting the penetration rate was the result of a finding from the 2012 federal Title IV-E Subsequent Primary Review. Previous Title IV-E reviews (2000, 2003, 2006 and 2009) found the state to be in substantial compliance with federal requirements, indicating few problems surrounding eligibility determinations, claiming procedures or related documentations. In fact, these reviews often praised State efforts surrounding the accuracy of these processes and praised staff responsible for their implementation and maintenance. The 2000 report indicated,

“We believe that the State’s high level of compliance can be attributed to centralization of the eligibility function at the TDPRS regional level and use of specialized eligibility workers. It is apparent that the State has devoted a high level of management attention and training effort to title IV-E eligibility, including monitoring of title IV-E eligibility processes associated with juvenile justice placements under title IV-E agreements with the Texas Juvenile Probation Commission and Texas Youth Commission.”

The effectiveness of State processes continued to be evident with the 2003, 2006 and 2009 federal reviews finding all cases to be in compliance with eligibility requirements. During this time frame, reports repeatedly cited the following strengths:

- Reviews and court orders are timely and more frequent than required,
- Improved child-specific and well-written court orders,
- Sophistication of CLASS licensing data system,
- The robust SACWIS system, and enhancements supporting IV-E eligibility determination functionality,
- Close coordination between the Court Improvement Program, State Agency and Judiciary, dissemination of suggested legal formats and expansion of specialized “Cluster Courts”, and;
- Well-trained, tenured regional title IV-E eligibility specialists.

Texas’ successful track record faltered during the 2012 Subsequent Primary Review. A federal emphasis on the accuracy of two-tier financial eligibility (AFDC) processes resulted in the majority of the findings and forced a revision to the eligibility formula applied by the State. As indicated in the report

“In preparation for 2012 title IV-E Review, CB requested and reviewed the algorithm for the automated Texas process for eligibility determinations and it was found that Texas was not applying the second step of the two-step income test for determining AFDC eligibility.”

In aggregate, the review found:

- Six (6) cases to be in error due to two-tier eligibility formula,
- Two (2) cases in error due to improper consideration of income,
- Two (2) cases to be in error due to application of AFDC income requirements to the wrong home of removal,
- Two (2) cases to be in error due to improper judicial determinations, and;
- Eight (8) cases to be in error due to the failure of residential facilities or child placing agencies to conduct employee background checks in a timely manner.

These findings were in stark contrast to prior reviews and resulted in the development and submission of a Performance Improvement Plan (PIP). As part of this review, the PIP was analyzed and corrective actions appear to be appropriate and effective given the scope of the deficiencies identified in the Subsequent Primary Review. The most significant impact on federal reimbursement resulted from the revision of the financial eligibility determination process to comply with the two-tier income requirement. This revision further reduced the penetration rate to its current level, approximately 37%.

Federal reimbursement is also claimed from other sources including Title IV-E Training, Adoption Assistance and Foster Care Candidacy, Temporary Assistance for Needy Families (TANF); and Supplemental Security Income (SSI). Policies and procedures surrounding claiming from these sources were reviewed and federal claiming analyzed in relation to the CPS budget. Overall, findings were in compliance with expected results and State Central Office Staff describe comprehensive procedures for ensuring claiming is appropriately maximized to the degree allowable under federal guidelines. DFPS and CPS staff possess a thorough understanding of federal requirements and policies are well designed in consideration of these requirements.

Determinations surrounding TANF Emergency Assistance eligibility and use of SSI funds to support foster care are well supported by IMPACT. Redetermination timeframes are supported and ongoing eligibility is monitored effectively by the system.

DFPS budget staff indicate the procedures to validate client eligibility as candidates for Title IV-E (which permits case-related administrative costs to be claimed) is largely automated and

validated through a field-level review of cases. Quarterly, fifty (50) cases are sampled and reviewed to determine whether file documentation adequately supports eligibility as a candidate for Title IV-E. Procedures surrounding this effort appear to be effective and the annual sample sufficient to validate the accuracy of statewide claiming. There are currently two individuals responsible for this function.

DFPS Budget staff indicated the potential for modifying claiming procedures surrounding staff Basic Skill Development training activities. While in training, certain costs are eligible for reimbursement at 75% Federal Financial Participation (FFP) rather than the lower administrative FFP percentage of 50%. This potential was initially identified in a Revenue Maximization Report developed by Public Consulting Group (PCG) in approximately 2004. Though this report wasn't available for review, DFPS staff reported addressing all findings with the exception of this particular recommendation. In reviewing current procedures and the cost allocation plan, trainees are included in the statewide random moment sample, appropriately coding their activity if sampled. These results are applied to the statewide budget and claimed accordingly. Conversely, to implement the PCG recommendation, claiming for staff while participating in training would require additional administrative burden (as well as additional cost) to monitor and track the status of each employee as their status changes in the human resources system. It is questionable whether claiming in this manner would result in significant changes to current state claiming levels, while monitoring and tracking the status of employees could potentially result in claiming errors which could lead to future disallowance. Given existing policies and cost allocation plan, procedures appear equitable in the larger perspective of federal claiming efforts.

Finally, to maximize use of federal funds in a manner that best supports children and families while achieving federally required outcomes, DFPS has submitted a Title IV-E Waiver application targeting an area of the state, Harris County, with higher than normal lengths of stay. The application, submitted as part of the 2014 federal waiver cycle, proposes to offer a continuum of evidence-based interventions to youth and families funded through Title IV-E. Though there is definitive data establishing need for the project and selection of the target population, the scope of the waiver, including the use of specific interventions, selection / enrollment of candidates, and evaluation procedures, were intentionally left vague pending the outcome of an evaluation by Casey Family Programs (to be completed in April 2014). These details are to be negotiated with the Administration for Children Youth and Families if the application is selected for funding.



## Regional procedures to validate consistent and accurate application of policy

### *Description*

State policies are implemented at the regional level by Eligibility Determination Specialists responsible for reviewing the accuracy of case information and making eligibility determinations. Currently there are 55 Specialists working in the various regions who report to the Regional Operations Support Administrator. Technical assistance and quality assurance regarding eligibility determinations are provided through the office managed by the Division Administrator for Federal/State Support. Communication between the Division Administrator and regional Eligibility staff occurs through regularly scheduled conference calls and an annual Title IV-E training webinar.

Eligibility determinations are supported by IMPACT and case documentation entered in the system. The eligibility determination process in IMPACT follows the questions posed on the Title IV-E Eligibility Checklist (CPS Policy Manual Appendix 1530–E), which includes complete guidelines for determining whether a case is eligible for Title IV-E.

Each quarter twenty-two cases are reviewed to ensure the proper determination of Title IV-E eligibility. This process was implemented as a result of the PIP required from the last Federal IV-E review and has been in place since 2012. A stratified sample ensuring equal selection from each DFPS region is used. The number of cases reviewed is similar to the Federal sample size on an annual basis and is, therefore, sufficient in size to assess statewide performance. Using a comprehensive procedure, cases are reviewed to ensure licensing and background information is complete and up to date, AFDC income (two-tier income eligibility) is correct, court orders contain appropriate language, and all other required documentation is present, accurate and completed in appropriate timeframes in comparison to federal maintenance payments made for the child.

At the completion of each review, State office management reviews the information and determines what additional actions (training, additional contract monitoring, etc.) need to be implemented in order to address any non-compliance issues.

### *Assessment*

The eligibility determination process is complete and comprehensive in relation to federal requirements. Overall, the process appears to be sufficient for accurately identifying youth eligible for federal reimbursement and appropriately claiming them to the proper funding source. Quality assurance processes are relatively new, but sufficient in scope and content to determine whether eligibility requirements are accurately applied to each case.

**Potential opportunities to maximize federal revenue in the areas of Title IV-E, TANF, and Social Security**

Given the scope of this assessment, opportunities to maximize federal reimbursement appear to be related to ensuring the ongoing accuracy of field-level eligibility determination efforts and avoidance of disallowance in subsequent federal eligibility reviews. Currently, efforts to achieve this objective are being implemented in accordance with the State PIP submitted in response to the 2012 review.

Memos and procedural changes in sections to 1511, 1530, 1531, 1532 and 1533 of the Child Protective Services Handbook were reviewed and found to be effective. Further, required changes have been made to eligibility determination processes in IMPACT.

## SURVEY RESULTS

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“It's nice to be asked my opinion!” – Survey Respondent

“There are many times surveys like this happen but the only thing that happens to make the job harder not smarter.” – Survey Respondent

“I have seen no changes from the previous surveys I have done.” – Survey Respondent

“We take survey, after survey. NO ONE DOES ANYTHING.” – Survey Respondent

TSG conducted a survey of CPS personnel in every region. On one hand, CPS has had very many surveys already—many of which TSG reviewed before creating another. The survey was borne out of a desire to better understand the CPS culture. Specifically, it set out to assess the style of management used around the state:

- At a high level, how much time is actually spent with families and children
- How employees feel about their jobs
- How supervisors support their workers
- How workers feel about whether change coming from the Assessment would improve CPS performance. And whether such change would really increase child safety, well-being and permanence

In addition, the survey sought to collect input in CPS' workers own words about the agency and how it is managed. It asked for comments in three areas:

- One example you have seen of CPS working at its best
- One example of something your supervisor or manager did to improve your performance
- What one thing would you tell the Commissioner how you think CPS could improve if you were unexpected in an elevator with him?

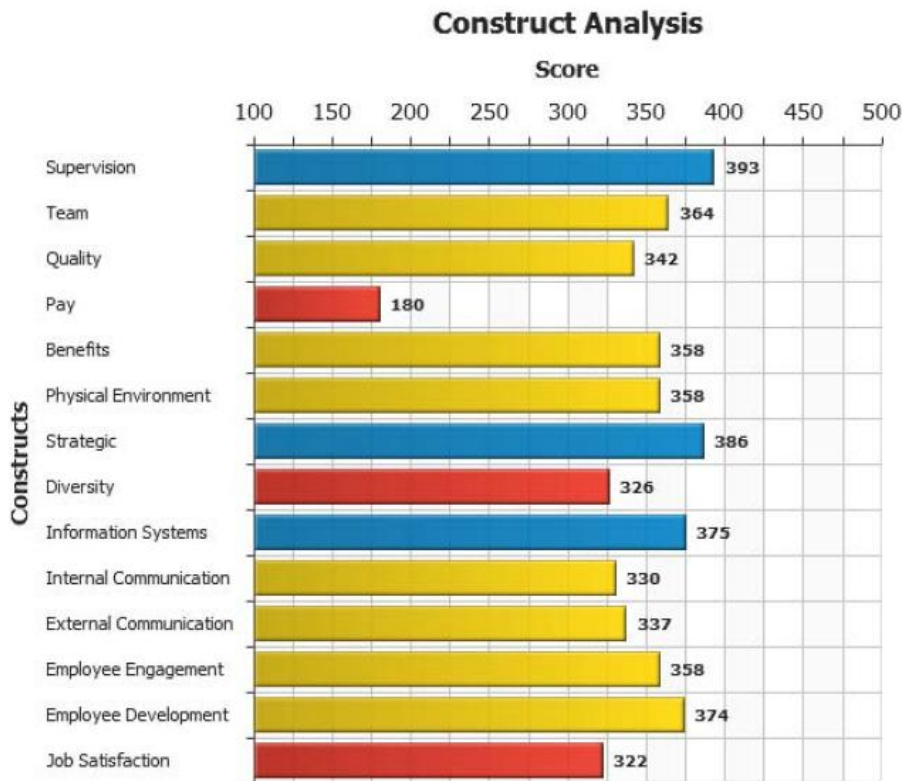
### Background: Survey of Employee Engagement

Before conducting the TSG survey, TSG reviewed the University of Texas' Survey of Employee Engagement. This is a survey of everyone who works in DFPS about how they feel about their

job. The Institute for Organizational Excellence at University of Texas does the survey every 2 years for all Texas State agencies as well as many other state agencies nationally. The survey asks everyone who works in DFPS about how they feel about their job, and has, historically had response rate in excess of 70%. Responses are broken out by division (e.g., CPS) and within each division by stage of service (e.g., INV, FBSS, CVS) and region. The most recent survey was completed in 2014 but the results are not yet available. Accordingly, TSG reviewed the 2012 survey.

The 2012 survey concluded that workers responded well to their supervisors but felt less well about their jobs. It identified pay as a significant issue. Figure 75 summarizes the findings. According to the report, 350 is an “expected level” for each measurement construct.

Figure 75 - Survey of Employee Engagement<sup>108</sup>



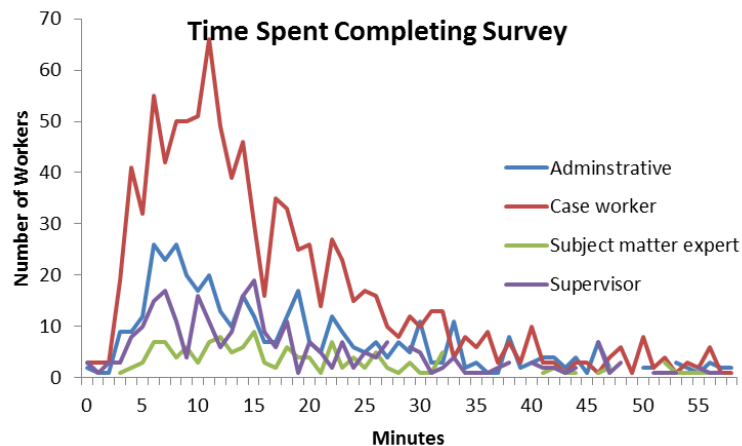
<sup>108</sup> Survey of Employee Engagement – Department of Family Protection Services, Institute for Organizational Excellence, University of Texas, 2012 Report ID: 530

These findings mostly square with what TSG heard from field workers in the brown paper focus groups, or in individual interviews. In two areas the SEE results seemed at odds with what TSG heard from focus group and interviews in the field – that there is a supervision issue, which seems different from the findings in Figure 75, above. In addition, the SEE suggests that CPS workers have lower than expected job satisfaction. We recognize that qualitative instruments have limitations in their ability to drill into issues. Thus, the TSG survey permitted a larger window into these two crucial subjects.

### TSG Survey Findings

TSG developed a custom survey of employees and conducted it during March, 2014. The survey instrument is included in Appendix J. The survey request encouraged 3,922 responses. Respondents took the survey very seriously. Typically, respondents spend about 10 minutes<sup>109</sup> completing the survey, with some spending much more (Figure 76). This is reflected largely in the comments. Survey respondents included 7,297 well-worded, thoughtful comments. That is 649 pages of input to CPS management. These provide a strong resource for the Assessment and for CPS leadership.

Figure 76 - Time Invested in Survey



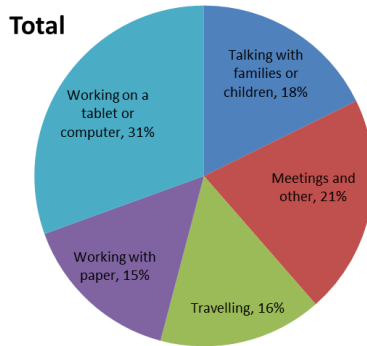
### How CPS Employees Invest Their Time

CPS Employees as a whole (including State Office staff) spend only 18% of their time working directly with children and families, Figure 77. This measure combines the level of back office

<sup>109</sup> The survey tool captures the time from when the survey is opened until it is completed. The longer times in the chart are likely because workers started the survey and left it open for some period before returning to finish it later.

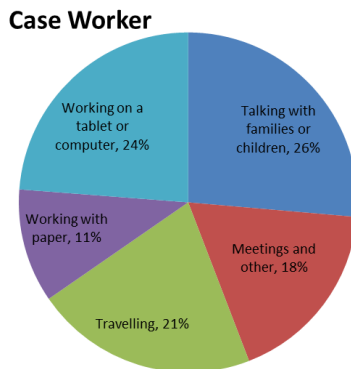
workforce with the time caseworkers spend away from the subjects of their cases. The State has used other measures of “direct time” over the years. This suggests a fairly low level overall. CPS workers spend nearly three times as much time working with computers and paper as taking directly with families. They spend almost as much time travelling as directly with families.

Figure 77 - How CPS Employees Use Their Time



Drilling specifically into those that identified themselves as working directly with families and children in the field, the percentage of time with families improves to 26% (Figure 78).

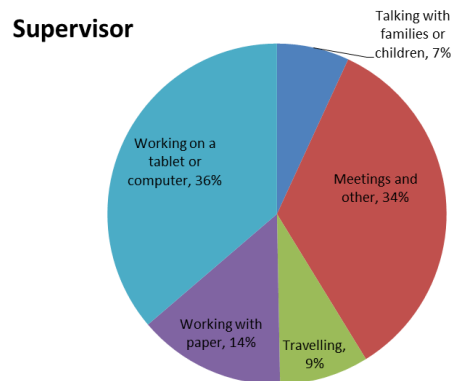
Figure 78 - How Caseworkers use their Time



Caseworkers still spend over half their time working with paper, on a computer or travelling. Even direct workers spend only one quarter of their time working with families and children. This is not to say that the computer, paper and travel work are not important or focused on building strong outcomes—only that it is not directly involved with the families and children.

Supervisors appear to be office-based, not working in the field (Figure 79). They report that they spend only 7% of their time talking with families or children. Of course, the caseworker is CPS’ primary voice. Yet, the little time supervisors spend actually facing families suggests that they are dealing only with second-hand knowledge. As this Assessment talks about field process and decision making (other sections), it became clear that caseworkers do not make the key decisions—but their supervisors do. Therefore, this key link in the chain of decision making is removed from the actual families CPS works with.

Figure 79 - How Supervisors use their Time



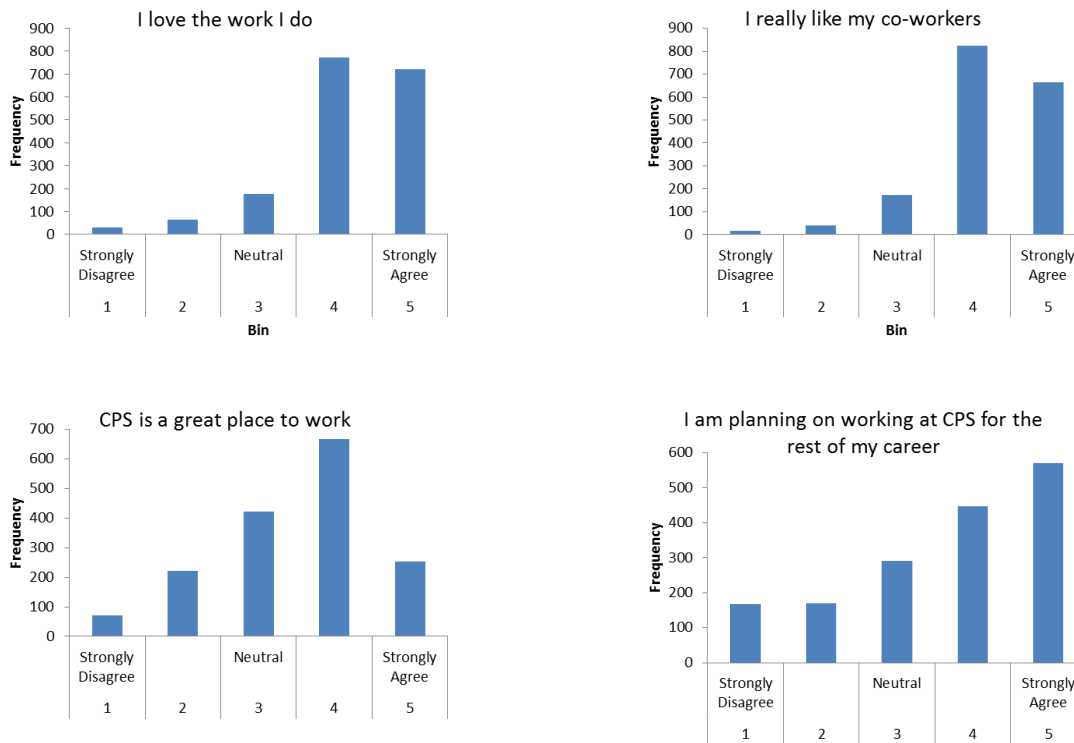
Thus, for all types of CPS employees the amount of time spend talking with families and children is small. Most of what caseworkers and their supervisors do is entering data into a computer or onto a paper page. A direct caseworker that has 20 cases and works 40 hours a week averages only 20 minutes per family per week. The typical supervisor who finalizes each family-related decision averages about 4 minutes per month talking with each family<sup>110</sup>. To an outsider, this might appear to be something other than a hands-on social service.

### Attitude about working at CPS

The SEE survey suggested that CPS workers were not enthusiastic about their jobs. We found something very different. Figure 80 shows that most survey respondents plan to stay with CPS for the rest of their careers. This is great news for CPS as it thinks about turnover – employees have not given up.

<sup>110</sup> Assuming 8 caseworkers each with 20 cases

Figure 80 - How CPS Employees Feel about their Work



It appears that CPS workers love what they do and like their co-workers. Three times as many respondents agreed that they want to work at CPS for the rest of their career compared to the number that disagreed. Most organizations would envy such strong support.

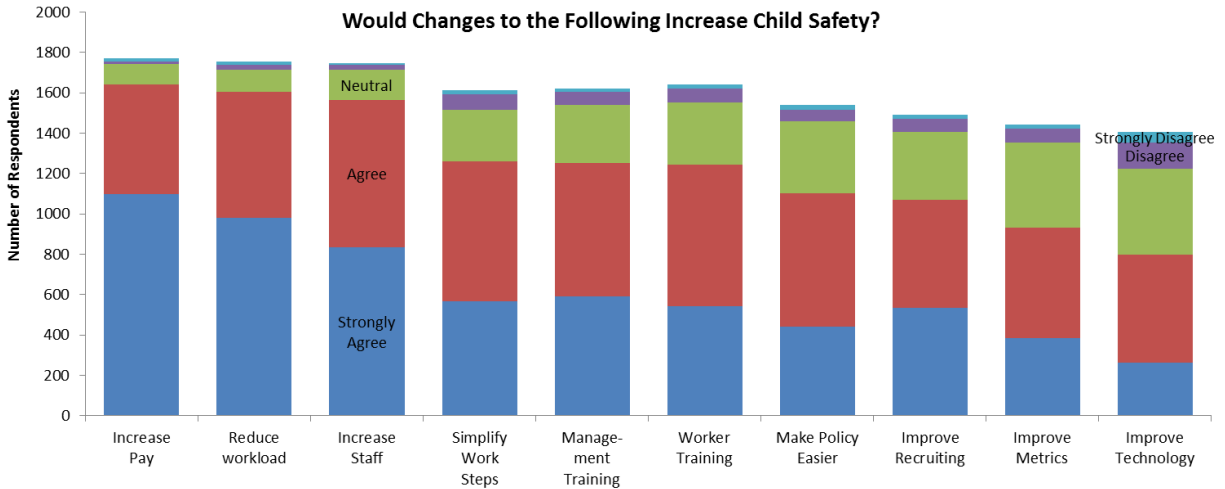
However, for caseworkers specifically the results are not as strong. Figure 81 shows that while caseworkers are still quite positive, they are not as strong. They still like the work they do, though not as enthusiastically. They like their coworkers. Caseworkers are much more tentative about whether CPS is a great place to work. While caseworkers are less enthusiastic about careers at CPS, they still agree about 70% more than disagree that they will stay for their whole career. This is much different than the non-direct workers. The conclusion to draw from the survey is that the core of the agency is more neutral about how they feel toward CPS. While that is a problem, it must be kept in context that even caseworkers like their jobs.

The survey asked workers to express an opinion about what sort of changes could help CPS ensure a safer environment for children at risk. Overwhelmingly, CPS personnel believe that more staff and pay would increase child safety. They believe that better hiring and training, and



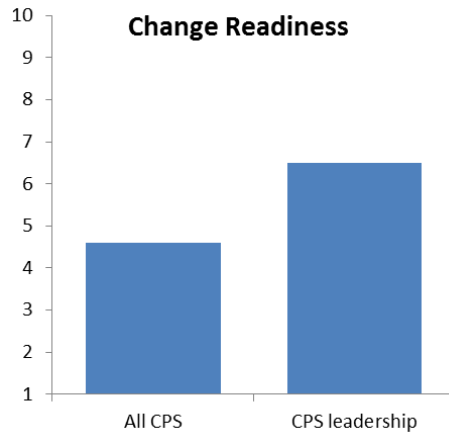
simpler work process and policy would directly increase child safety. Technology is important, but nearly as much as the other changes.

Figure 81 - How to Improve Child Safety



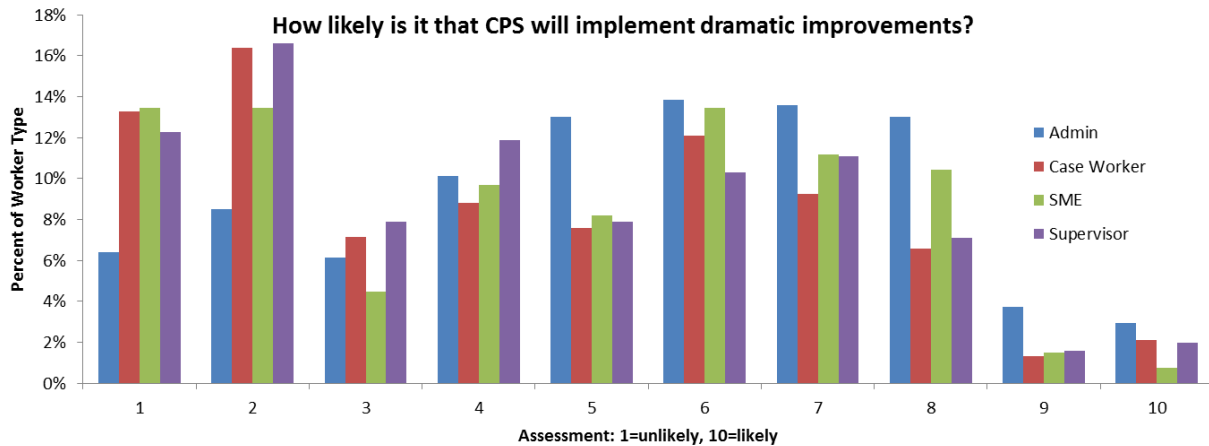
Respondents were, however, skeptical about the potential for substantial impact from a change program. Figure 82 compares the results of the survey to interviews with CPS management. We asked both groups the same question: On a scale of 1 to 10, how likely is it that CPS will implement dramatic improvements as a result of the Assessment project? CPS leadership rated improvements as somewhat likely (6.5), while survey respondents were neutral (4.6) about the likelihood of real impact. This might be a result of many change efforts responding to many studies over the past several years. The field sees all the effort they have put into studies, but too little positive impact.

Figure 82 - Change Readiness



The survey revealed that all sectors of the workforce share skepticism about the prospects for real change. Figure 83 shows that many respondents were strongly negative about the prospects for improvement, while most of them were mildly optimistic. Very few respondents rated the change for substantial improvement at the 9 or 10 level on a scale of 1 to 10.

Figure 83 - Survey Response: How Likely is it that CPS will Implement Dramatic Improvements?

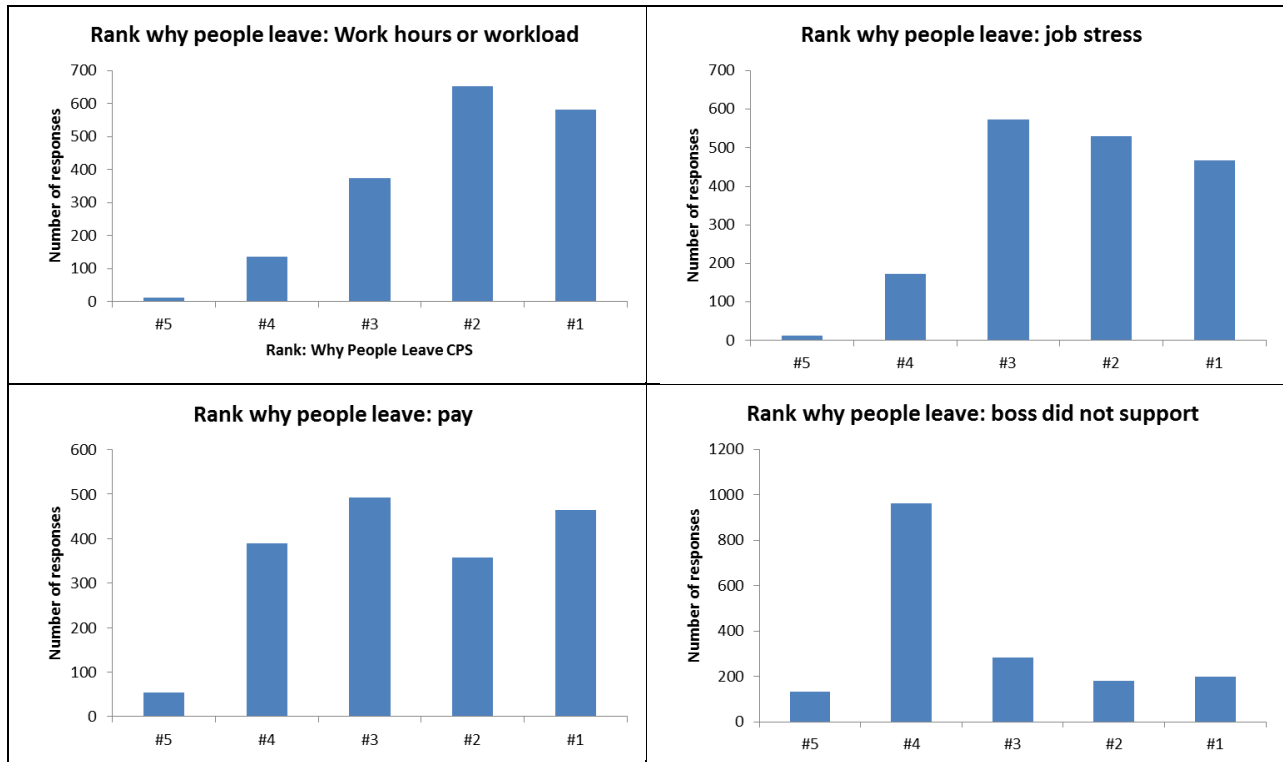


### Why Employees Leave CPS

The TSG Survey asked respondents to rank the reasons they hear that people leave CPS. Workload was clearly at the top of the list, with 70% of respondents ranking that either 1 or 2

(Figure 84). The second highest-ranked reason is stress, with 57% of respondents ranking that 1 or 2. Pay is important, but only 47% ranked it as 1 or 2. While issues of supervision dominated the comments, that was ranked 1 or 2 only 22% of the time.

Figure 84 - Ranked Reasons People Leave CPS



## Decision Making

The survey also asked how decisions are made at CPS. The survey asked whether Child safety decisions are always made using formalized policy and practice. This question is not about how decisions are documented (e.g. IMPACT), but how the decision making process considered the options, weighed the facts and reach a conclusion about what action to take on behalf of children.

Figure 85 - How Decisions are Made

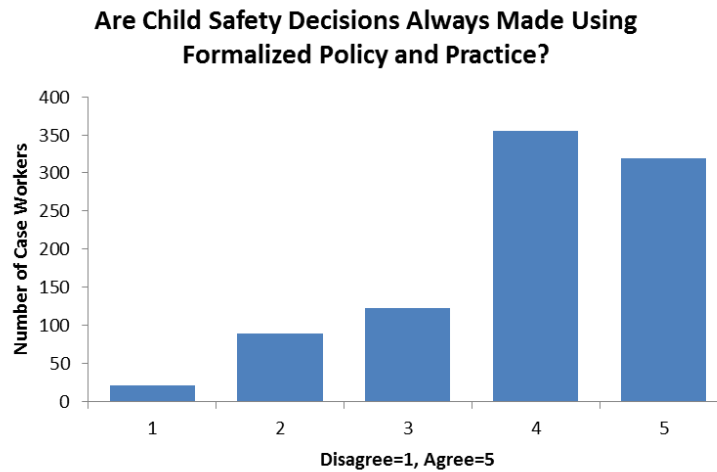


Figure 85 is a troubling finding, since it suggests that 39% of respondents believe decisions are actually made in an informal manner. This puts the caseworker in a tough spot. We heard in many corners of the organization an unofficial rubric, “lose a child and lose your job.” Both the data above and the quip suggest that workers feel as though they are personally making decisions—and will be held personally accountable for the results. Lost is the concept of a community-based decision made through a collaborative process and guided by institutional rules and process. What we see instead is personal decision making coupled with personal responsibility. TSG does not believe that is what the Legislature or taxpayers think they have at CPS. We expected to find caseworkers believing that 100% of decisions are made collectively by CPS through implementation of process and policy.

### Survey Comments

Perhaps the most informative part of the survey was respondents’ comments. Notable were the magnitude of comments (694 single spaced pages) and the frequency with which respondents took the time to make a thoughtful comment. More than 70% of the time respondents were sufficiently engaged in the topic that they decided to take the time to write a comment (Table 46).

Table 46 - Frequency of Comments to Survey Questions

Survey Question:	Comment Count	Percent of Responses (n=1,922)
Please give one example you have seen of CPS working at its best. What happened? Who was involved? What was your role?	1,399	73%
Comment: Describe one example of something your supervisor or manager did to improve your performance	1,399	73%
Comment: Describe the best single change CPS could make to improve performance	1,427	74%
Comment: why do you feel that way about the likelihood of dramatic improvements (previous question)?	1,459	76%
Elevator Question: Let's say you ran into Commissioner Spacia in an elevator tomorrow. He doesn't recognize you, so you have a few seconds to tell him how you think CPS could improve—with no risk....	1,603	83%

### *Evaluating comments*

TSG evaluated comments by “coding” them. This is a well-recognized technique for drawing overall meaning from text. The team read the comments and considered the key message. The team used the “open coding” method of allowing the comment to define the meaning, not trying to fit comments into a pre-structured set of categories. This allowed the team to flag representative comments. It also allowed the team to count the frequency of comments by message.

### *CPS working at its best*

This question draws on the business improvement approach, Appreciative Inquiry. The concept is improvements can either be motivated by overcoming challenges or by the quest to improve something that is already good. CPS already does a lot of good for Texas communities, so the question was posed in order to put respondents in a positive mode of thinking for the purpose of the survey.

We were surprised by the negative responses to the Appreciative Inquiry question. While positive comments outnumbered negative ones 2:1, TSG did not expect any negative comments at all. This was doubly surprising based on the positive response to the quantitative questions about whether respondents like their jobs. There are several ways to view this. This could be that even though they like their jobs, CPS workers appreciate the opportunity to voice their concerns. Alternatively, it could be that numerical (on a scale of 1-5) questions do not evoke as much careful consideration as the request for a textual comment.

Positive responses reflected workers’ great experiences working together to help families (Table 47). They point overwhelmingly to collaboration as a core to CPS’ work. This is seen in four of the top messages from the comments: 20% working together, 9% collaborating with other agencies, 7% coming together to help each other during a removal. According to the survey comments, CPS is working at its best when *people are working together*—not because they have great tools or process.

Notably absent from the messages about CPS working at its best are comments about technology, policy, metrics...which are often the key topics of an Assessment or improvement program. The words computer, laptop or tablet never occurred in any response to this question. “IMPACT” appeared once. “Policy” occurred only once. The concept of mobility occurred in two comments, both times to describe how it had isolated caseworkers and torn down the sense of community.

Table 47 - Most common descriptions of CPS working at its best

Response Category	Percent of Responses <sup>111</sup>
Working together as team to share work, watch children	20%
Finding a child a permanent home	16%
Helping families, children, connecting with resources, FGDMs	15%
Keeping children safe, removal if needed	12%
Collaborating with external groups (law, court, foster, Mexico, etc.)	9%
Coming together as one CPS team during a removal	7%
Actions of a supportive supervisor or manager	3%
Making an individual connection with children or families	3%

This Assessment report includes a sampling of comments describing CPS at its best in the section “CPS Has Many Strengths”.

**Supervision**

We asked respondents to, “describe one example of something your supervisor or manager did to improve your performance.” Again, we were surprised to find a large number of strongly-worded negative responses to a question that was worded to illicit a positive response. We found that 31% of the comments described a complaint about supervision rather than “something your supervisor did to improve”. Table 48 summarizes the most frequent positive themes.

<sup>111</sup> Response categories do not add to 100% -- some comments fit in several categories, and these are only the most frequent messages in comments, there were many others as well.

Table 48 - How managers improve performance

<b>Response Category: one example of something your supervisor or manager did to improve your performance</b>	<b>Percent of Responses<sup>112</sup></b>
Encourage, supportive	20%
Training/mentoring	15%
Time management	11%
Available/communication	9%
Direct case involvement	7%
Clear expectations	6%
Consultation/resources	5%
Acknowledge good/ extra work	4%
Trust/flexibility	4%
Performance feedback	3%
Pay, merit pay	3%
Challenge	2%
Supports family/personal time	2%
Adjust workload	2%
Leadership/ Professionalism	2%

CPS managers do a great job of building performance when they encourage and are supportive, when they are “available,” provide guidance and dive in to help sort out a tough case situation. Respondents do not seem to value rewards or special acknowledgement as much as direct involvement. CPS workers value clear guidance about expectations, training and mentoring. They often mentioned the support and guidance supervisors provide about time management.

Interestingly, the unsolicited negative comments offered in response to this question centered on many of the same topics as the positive responses. Table 49 summarizes the key themes in negative responses.

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<sup>112</sup> Response categories do not add to 100% -- some comments fit in several categories, and these are only the most frequent messages in comments, there were many others as well.

Table 49 - How managers do not improve performance

<b>Response Category one example of something your supervisor or manager did to improve your performance</b>	<b>Percent of Responses<sup>113</sup></b>
Fear, threats	27%
Not encouraging or supportive	14%
Not available. Communicates poorly	10%
Makes unrealistic time demands	8%
Micro management	8%
Does not provide adequate training or mentoring	5%
Focuses on faults	5%
Lacks the skills	4%
Not sufficiently knowledgeable	3%
Does not set clear expectations	2%
Does not build an environment of trust	2%
Provides inadequate or destructive performance feedback	2%
Does not adequately adjust workload	2%
Leadership/ Professionalism	2%
Visit, attention	2%
Encourages team work, is team player	2%

Together, the positive and negative comments deliver one strong message about supervision at CPS. There seems to be a problem. Hundreds of respondents could not say one good thing about their CPS supervisors. Negative comments lined up very closely with what workers expected of their supervisors—combining to send the message that supervisors are often not delivering exactly the type of leadership CPS workers need most. That is, supervision is widely inadequate, and when it fails it fails to provide the most crucial aspects of leadership.

*Examples of comments about supervision*

**Sample positive comments: one example of something your supervisor or manager did to improve your performance**

Table 50 - Positive Comments about Supervisors

Supervisor When I first became a supervisor, my manager spoke to me daily for about 2 weeks. Then every other day, then at least once per week. If he had not heard from me, he called me. When I had to send out emails regarding delinquency he used positive

<sup>113</sup> Response categories do not add to 100% -- some comments fit in several categories, and these are only the most frequent messages in comments, there were many others as well.



reinforcement and encouragement so I knew I was saying the right things to my staff to not just encourage but make them understand how serious the situation was.

- Supervisor My supervisor is always very encouraging- even when I mess up. She never acts like I completely failed; she just starts to look for ways to solve the problem. Even after the incident, she follows up with me to see how things are going, how people reacted, etc.
- Supervisor Allowed me the opportunity to fail but fail with support. I never felt as if a mistake was do-or-die. I was supported through errors to learn-not blamed.
- Supervisor Gave me a raise! It made me want to work even harder and better than before.
- Subject matter expert My immediate boss is available, helpful and willing to guide and direct, in spite of inept and disinterested upper management who seem to routinely supervise by punitive measures
- Subject matter expert My Supervisor always encourages development and continues to challenge me to take on tasks for which I have no previous experience or she has recognized I need to improve.
- Subject matter expert Lots of projects at one time with similar deadlines....I was allowed to work at home for a couple of days with no distractions.
- Caseworker I had a month in September when almost half of my placements blew and I had to move the children. I had court, home visits, and court reports to work on. My supervisor stayed late with me almost mid night to help me with my tasks.
- Caseworker My current supervisor supports us fully and has a firm understanding of our expectations and how they are, at time, unrealistic. She helps us formulate a plan of action to get the work done efficiently. Previous supervisors made threats and demands without attempting to assist.
- Caseworker Recommended that I prioritize tasks. However, it becomes difficult when everything is a priority due to reduced staff and case transfers.
- Caseworker My supervisor has sent out constant reminders on case actions due and has helped tremendously with time management. My supervisor is very hands on and helps with removal tasks or actions on investigations.
- Caseworker Since coming to CPS 4 years ago, I have had 4 different direct supervisors and 2 different

PD's. My current supervisor offers praise for the long hours worked.

Caseworker I came from a unit that did not require monthly collateral narratives to a unit that did. I struggled with making all the contacts on time until my supervisor showed me the method for staying on top of collaterals that she used as a caseworker.

Caseworker I have not been working with my current supervisor for very long, but in the past, supervisors I've had have made the process easier by having things streamlined, such as having placement packets prepared or having packets prepared for home studies and reunification staffings so that we did not have to seek out each document we needed.

Caseworker My first supervisor for HHSC and my first supervisor for DFPS encouraged me to organize and complete one task at a time. They stressed the importance of prioritizing and being familiar with my job tasks and caseloads. They also stressed the importance of "me" and that there is always tomorrow.

**Sample negative comments: one example of something your supervisor or manager did to improve your performance**

Table 51 - Negative Comments about Supervisors

Supervisor	LOL My favorite attempts by a supervisor to improve performance in all my years at CPS has been – “I don't want to be put on a level, so that means your unit has to be at 100% or you will be put on a level.” It wasn't appreciated when I pointed out that it was impossible to get 100% - something usually happens. Even our performance evaluations don't require 100%.
Subject matter expert	My supervisor is not a support. She does not help. She makes us work harder and not smarter. She keeps as much information to herself as possible and likes to tell us that she is our supervisor. We know that she is our supervisor. She doesn't need to remind us. What we would like to see is someone working with us, and not against us. Our supervisors are being taught to delegate EVERYTHING. What do they do all day? We gather the information and do the tasks for all of their reports. One we have doesn't even respond to emails or phone calls timely. Then we have to resend information. Hitting your head against a brick wall all the time, does not motivate us to improve our performance.
Subject matter expert	Went on vacation.
Caseworker	Doing her job makes my job easier. My unit has had a huge issue with my supervisor putting her duties off on the tenured workers (screening cases for PNs and administrative closures, newer workers contact us tenured workers for assistance because they can't get in touch with our supervisor, have to remind her 10 times to approve our time monthly, etc.) If our sup would do her duties and read cases for closure in a timely manner, it would greatly improve our performance.
Caseworker	None of those apply. I get verbal threats and written ones of levels and dismissals. No help is given when workers ask for it, but the minute something goes wrong it's the workers fault. Caseloads are too high.
Caseworker	Tell me to work weekends or do more overtime. Saying that x amount of cases have to be closed this week or we will discipline actions will be taken.
Caseworker	Management threatens workers to stay late and work excessive hours to close cases and that if they do not they are threatened with either with being put on an action plan.
Caseworker	It's difficult to answer this one, as I worked under different supervisors and I understand different supervisors work differently. However, the supervisors do not seem to be in sync as to how it's done regionally. If you work in one office and then transfer to another office (same stage) the work done is completely different. I have worked in an office where the judge's respect CPS, because we had done the leg work, anticipated what the judge may ask, and everyone dressed professionally. At a different office caseworker's are told, things are done differently at this office. However, the judge's in this sector do not respect CPS, as they are treated in a disrespectful manner from the client's attorney's to the judge's. I was so embarrassed to be representing CPS.
Caseworker	They don't because when you go beyond my job duties it is not recognized or appreciated.
Caseworker	He has done nothing to improve my performance and is not willing to consider suggestions. He demands things get done.
Caseworker	My Supervisor is stuck in the past and expects too much out of me and makes me feel like a failure and puts me down. / Too much is asked of me and when turnover happens because of the

- overwhelming amount of reasons that it does then I/we have to pick up the slack and it is overwhelming. I am at a breaking point currently as I believe most CPS employees are currently.
- Caseworker My boss doesn't even know what I do and has said so herself.
- Caseworker Nothing, my supervisor does not know policy and does not make good decisions.
- Admin I haven't had a supervisor teach me or direct me to work smarter, to encourage me work harder, or to support me as a person through difficult times. I have been with CPS for seven years and only two supervisors have given me a performance evaluation. I haven't had one since 2009. No supervisor that I've ever had with CPS has ever done anything to improve my performance. I think I am doing a great job because I responsibly complete the tasks that are assigned to me timely. Each year I keep getting more and more work. Right now I am doing three people job and I have not received a merit increase since I have worked for CPS. I Used to work for another state agency (DPS) there they evaluated me every six months. I have never work for an office where no one teaches you your job, train you. In CPS you just learn as you go. I also noticed that supervisors don't follow policies and decisions are made without a team approach.
- Admin It's not my direct supervisor is upper management that does not have a clue on how work is done.

### *Elevator Question*

The elevator question is a great tool for identifying the most important issues. Overall, respondents are saying that the pay is too low, work expectations are too high. More troubling, they say that CPS leadership is out of touch with the field. Above all else, it is noteworthy that the comments are usually grounded in what is best for the children—CPS has a lot of people in the field that are passionate about their work. They feel that CPS rules and management get in the way of effective child services. Table 52 presents some representative responses to the elevator question.

Table 52 - Elevator Question – Sample Responses

<b>Response Category: you have a few seconds to tell the Commissioner how you think CPS could improve—with no risk....</b>	<b>Percent of Responses<sup>114</sup></b>
Need better pay and incentives. CPS needs to protect pay and benefits for tenured workers. CPS needs pay equity	14%
CPS needs to have realistic (i.e. lower) workload expectations. That means more workers so we can have more time with children & families. It is important to have some extra “bench strength” to backup caseworkers	13%
Need better supervision. Workers need someone to listen to them. They need respect and trust. Supervisors need to follow through on promises, and allow workers to have input. Supervisors need to know how to do the day-to-day work	6%
Better, more realistic field training. Need to re-establish mentors. Need more cross-training. Need to know how to better communicate with clients. Need to revamp BSD	5%
Better hiring process. Need to be hiring qualified new people—with degrees and actual ability. Today, it takes too long to hire and train. Training today does not deal with realistic job-related issues. Build a career path	5%
Recognize of tenure, knowledge, performance, and value the workers	4%
The Commissioner and CPS leadership need to spend extended time in the field	3%
Employee retention is really important. It is strongly effecting people in the field	3%
Good job!	3%
The stress level is too high	2%
Less computer work...streamline documentation and desk work	2%
Rules and policy don't take into account the reality of CPS' workload. They need to be updated...we need to ask what is best for kids	2%
Focus more on quality for children and less on quantity of work and numbers	2%

<sup>114</sup> Response categories do not add to 100% -- some comments fit in several categories, and these are only the most frequent messages in comments, there were many others as well.

*Example comments to the elevator question*

WE SUCK THE PASSION OUT OF EMPLOYEES, OVERWHELM AND OPPRESS THEM!!! THEY JUST BECOME DATA ENTRY PEOPLE RATHER THAN AGENTS OF CHANGE!!!!
You really need to listen to your people in the field; improved training is really important to get people to get the job right; people in the field are working really hard and SO does not seem to notice; there is no praise in the system for good/exemplary work and there needs to be some positive feedback from State Office to go along with the crises of the day.
Pay and not just that everyone needs an increase but the pay scale still is so off: "I have tenured workers in CVS making less than new workers." A lot of it started with the pay increase and then in Midland and Odessa they were doing a \$5000 bonus and you had to stay a year." "But, the \$5000 bonus is wrong - we had people who made it clear from day one that when they hit day one they were out the door. We lost a ton of people who go the \$5000 - Incredibly demoralizing for our workers who stayed and they did not get anything"
Interview: CPS at its best
When we weren't so specialized and "siloed" – there was more teamwork... At that time we weren't so "crazy out of control" with the policy changes... Must policy make it more difficult than it needs to be??? Everything is too complicated!!! If you work CVS – you have
More support. Less restrictive rules. TRUST STAFF!
I would tell him that I love this job and feel that it is very important but I am exhausted and thinking about quitting because I feel very unsupported. My work load only grows and even if I don't get new cases then I am asked to do new things like safety visits or trainings or discovery or other random things are added to my to do list. I work over 60 hours a week and don't feel that this is a job that someone can keep doing past a year or two. It doesn't feel fair that some counties only have 14-15 cases and we are in the big city stuck with 35+ cases for the past 3-4 years. I would say that upper management decisions are directly impacting my work and to higher more units. I would tell him that child deaths are directly linked to unmanageable case loads and I would like for our region to be as supported as other regions, i.e. Houston.
Inform him that workers are overloaded and their quality of work may diminish due to the priority being quantity, which puts children at risk. Providing the workers with appropriate tools (computer programs / simplified processes) would allow the workers to focus more on the clients and be efficient.
You need to value your support staff more; this agency cannot run without them. Support staff are and will always be a back burner issue unless he makes it important. I hear people talk about how to make the environment better for workers and supervisors every day and I hardly ever hear anything about how to make things better for a support staff. In meetings people talk about higher wages for workers, what about your support staff, the starting salary is a joke. If you continue to pay that low of a salary then you will continue to get the quality you have now, which in most cases is unacceptable.
Increase salaries to competitive rates with the private sector. This would attract better qualified personnel and create an incentive to remain with the agency. This would result in staff being better trained and experienced, because the longer you are with the agency the more experience and training you develop. This would result in better outcomes for families, lessen case backlogs and reduce the likelihood the family would return to the system. Less money would be spent hiring and training, and more could be spent on prevention, staff development and improved equipment.
As a social worker, I feel that not just meeting deadlines, following policy, and documenting is important but so is that piece where you work with children and youth and build rapport and relationships. Our children/youth in care many times have no one and if workers were given the opportunity to do more with the children/youth on their caseload we would have healthier adults. Modeling is powerful and unless time can be spent with the children/youth, it at times doesn't take place. We need more staff in order to have a smaller caseload and we

would be able to do fabulous things!
I recently changed positions from a CVS Supervisor to a less stressful position because we spread our supervisors too thin. There was no way I could provide the level of supervision and support for my staff, especially those in training (not to mention I had little free time with my family). Another reason why I changed positions is because I felt powerless in court. I felt like the Judge was ignoring the department's recommendation and made decisions that were not in the best interest of the children.
It is time to sit down with the staff actually working the cases to get a feel for what case work is actually like. I know that he cannot control the legislature but they have made it almost impossible for investigators. We get a measly stipend for the amount of work that we do. Then they give the new hires more \$\$ and the ones of us who have put in the time get "longevity pay" which does not come close to compensating for the blood, sweat and tears we give to the State. I know that especially in my office we have lots of tenured workers and supervisors who are looking elsewhere because we do not feel that our work is valued. We feel that we are expendable.

### Survey Summary

The survey proved to be a valuable source of broad input.

## INFORMATION MANAGEMENT: IMPACT SYSTEM ASSESSMENT

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“IMPACT needs to be more user friendly and not so repetitive, easier to use and just a few screens instead of a lot of confusing clicking, switching screens constantly and repeating the same information over and over again.” - Survey Respondent

The Information Management section considers the impact of the IMPACT system and how information is gathered, documented, stored and shared. It addresses whether the information is complete and how the information is used in decision making. The section assembles information from various aspects of the field work and utilizes communications with DFPS IT personnel. In addition, the following analyses are included:

- A high level DFPS technical infrastructure, software, and hardware inventory, including an assessment of how the IMPACT Modernization addresses our Assessment findings.
- The assessment references existing documentation such as strategic plans and DFPS functional/technical documentation, to determine the existing state of IT as it pertains to CPS.
- The assessment discusses DFPS strategic technology planning and its alignment with the current Strategic (Business) Plan, with analysis on benefits that can be gained.

### High level inventory of CPS technical infrastructure

This analysis is not intended to be an exhaustive analysis of the present Texas CPS technical infrastructure and systems, since that work has been ably performed in previous documents for the state. The analysis of information management is meant to dovetail with TSG’s focus, as described in this section’s preface.

#### *Network, Data, & Hardware*

IMPACT is by far the most important computer application in use at CPS, due to the broad reach of its functionality across the stages of the child welfare process. It houses essential information and stores it in a secure environment to deliver the required functionality to thousands of users.

The IMPACT app is accessible inside the state’s network and from the outside, by means of a web browser user interface. The architecture utilizes a “DMZ” (De-Militarized Zone), indicating



the area between the external Internet and the protected internal state network. Databases containing sensitive information and other important components are located within the protected internal state network. The state network houses a number of applications besides IMPACT.<sup>115</sup>

The high-level design of the IMPACT utilizes components<sup>116</sup> to function, as opposed to a monolithic system such as older mainframe apps which makes it harder to do enhancements. The component approach makes it more feasible to upgrade an application, avoiding a “rip and replace” approach to improving a system. The IMPACT Modernization takes this iterative upgrade route and will thus enhance selected areas of the application over the next several years.

The State provided the following concise summary of the hardware utilized by IMPACT.<sup>117</sup>

The IMPACT production database system is an Oracle database running on an HP series RX i2800 UNIX server. The IMPACT database processes information from statewide intake and generates case listings for investigators located in the field offices across the state. The database provides data for state and federal reporting requirements for protective services. Another HP series RX i2800 UNIX server provides IMPACT fail-over capability along with IMPACT's training database. DFPS also operates two Oracle Databases running on HP RX i2800 series UNIX servers to assist in the compilation of data and reporting statistics.

Windows 2008R2 servers provide network logon validation and file/print services. The majority of clients are directly attached to local servers via Ethernet with server connectivity to IMPACT via the wide area network (WAN) at T-1 speeds. Microsoft Exchange and Outlook Mail provide DFPS with basic mail and group scheduling services. All workstations, which access the IMPACT application, are configured with the Windows XP operating system [and higher versions]. The IMPACT workstations are Pentium class devices [and higher].

DFPS subcontracts the operation of its local area networks (LANs) and desktop computer support to an outsourced vendor. To provide access to the DFPS network for our mobile users and teleworkers DFPS utilizes third party vendor mobile air cards connecting via Virtual Private Network (VPN) service directly into the DFPS network.

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<sup>115</sup> DFPS IMPACT Modernization Business Case, 8/26/2013, p. 16.

<sup>116</sup> Some examples of components are the Rules Engine with its attendant database and a Business Process Management (BPM) and its database.

<sup>117</sup> Filename “IMPACT Infrastructure DCS.doc”, undated, p. 5.

The document contains high-level information on the data center configuration, IMPACT's logical architecture organized in tiers, the specific software now utilized in IMPACT, information on the data center where IMPACT is hosted, server specifications, development environment details, information on IMPACT testing, and a listing of the various environments required to maintain IMPACT (e.g., Production, Testing, QA Testing, and Development).

Please see Appendix F for information on the computers utilized by field workers and the software configured for the computers.

### *Software*

The IMPACT application is described as follows. Of special note is the fact that the IMPACT app not only serves as CPS's SACWIS app, but also addresses APS adult protective services and CCL licensing business needs.<sup>118</sup>

IMPACT (Information Management Protecting Adults and Children in Texas) is a web-based Statewide Automated Child Welfare Information System (SACWIS). In August 31, 2003, it replaced DFPS's client server application CAPS (Child and Adult Protective System) which had been in service since 1996. IMPACT allows staff to record and process all case-related information beginning at intake and ending at case closure. It is available statewide 24 hours a day, seven days a week and supports all aspects of CPS (Child Protective Services) casework from intake to post-adoption services. The accessibility of all case-related information enables increased maintenance and monitoring of CPS cases. IMPACT also supports Adult Protective Services and Residential Child Care Licensing casework.

The IMPACT application has over 6 million lines of code that implements approximately 200 web pages, 110 reports, and 140 forms. The application also has approximately 85 batch modules coded in MicroFocus COBOL and PLSQL. These modules send data to and receive data from other DFPS applications and applications in other agencies. The database is currently 800 Gigabytes. It grows at approximately 4 to 5 Gigabytes per month. In addition, IMPACT has approximately 1.5 Terabytes of case related digital images. The digital images increase at a rate of 60GB per month.

As of August 31, 2003, DFPS was the first statewide implementation in the United States of a fully enabled, browser-based SACWIS application.

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<sup>118</sup> Filename "IMPACT Infrastructure DCS.doc", undated, p. 1.

### *Assessment*

Personal observations of the IMPACT and its documentation offers proof of a substantial software application with wide-ranging features.

The network performance appears to be reliable and sufficient for most workers to perform their jobs while in the CPS office. Approximately 40% of the CPS office locations throughout the state have dedicated T1 lines. In the other locations, the caseworkers report some periods of slow performance at peak times of the day or times of the month when large numbers of users are on the network. The caseworkers also work remotely, via Wi-Fi. The quality and speed of the Wi-Fi connections vary significantly throughout the state with more rural areas reporting certain locations of “dead zones.” As anyone who has driven across the state knows, there are certain areas where cell phone service is spotty and these correlate with the pockets of poor Wi-Fi connectivity.

### **IMPACT Modernization addresses Assessment findings**

#### *Description*

The Modernization project is tackling a variety of upgrades, with a wide work scope breadth work as delineated in the following quote from the DFPS Modernization Project Plan document.<sup>119</sup>

The following are examples of IMPACT modernization projects that may be initiated:

- **IMPACT Batch Modernization.** This project involves the conversion of all COBOL programs to PL/SQL or JAVA as well as a refactoring of the batch script to reduce C and improve transport mechanisms where recommended (e.g., web services instead of SFTP).
- **IMPACT Online Modernization.** Use of Enterprise Content Management (ECM), Business Process Management (BPM), rules engine, workflow automation, dashboards, portals and other technologies to modernize IMPACT functionality, workflow and capabilities.
- **Identity and Access Management (IAM).** Implement a COTS IAM to assist in accommodating an expanded IMPACT user community and provide for the user provisioning and authority delegations to the IMPACT system.
- **External Access.** Providing access to up to 12,000 additional users of the IMPACT system by individuals (e.g., CASA volunteers) that are external to DFPS via portal technologies.

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<sup>119</sup> DFPS IMPACT Modernization Project Plan, Oct. 16, 2013, p. 1.

- Usability. Provide for a transformed user experience of the IMPACT system.
- Business Intelligence. Enable sophisticated business reporting that is streamlined, impactful, and readily modified.

More explicit Modernization IT upgrades are listed below.<sup>120</sup>

- Usability – Analyze business processes, screen flows and data elements to increase the overall user friendliness of IMPACT. Specific target areas include Intake, case documentation, approval flows, and the creation of dashboards.
- Forms architecture - Forms within IMPACT are crucial to caseworker responsibilities as they provide the documentation required by law. The architecture was created in the late 90's and in many cases uses MS Word. The entire Forms component needs overhauling to simplify the process, reduce maintenance hours, and use technologies that are current and off the shelf. This will make it easier to add and/or change forms as policies and laws change.
- COBOL - Impact has approximately 85 batch modules coded in MicroFocus COBOL to support the application and external interfaces. A few batch modules were converted as a proof of concept and demonstrated that by converting the batch code from COBOL to PL/SQL it: simplified the code, increased performance, and removed the need for the agency to keep legacy skills in COBOL. Each batch job needs to be assessed to determine if it should remain as batch or be converted to real-time.
- JAVA framework - The existing GRNDS - JAVA framework is end-of-life (EOL), and while it was very capable in 2003 it is no longer supported and knowledge of the framework is scarce if not nonexistent. DFPS started an initiative to replace GRNDS with SPRING, a mature open framework which is highly regarded throughout the industry, but due to a lack of dedicated resources the project has stalled.
- Tuxedo - the backend data retrieval and processing occurs within the Tuxedo servers, which handle the transaction request coming in from the front-end web servers. These modules are written in C, and while agency staff can make small changes DFPS relies on contractors to perform major changes to the code and infrastructure. The data access module should be written as JAVA EJBs or stored procedures where there is an abundance of skilled resources.
- Service Oriented Architecture (SOA) - The existing IMPACT system was built as a client-server application in the mid-90's where tightly coupled code was required. Two

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<sup>120</sup> DFPS IMPACT Modernization Project Plan, Oct. 16, 2013, pp. 2-3. Also see the filename “Technology Refactoring Matrix.xls” for additional analysis of the current IMPACT architecture and the new architecture to be implemented via Modernization.

decades later, now SOA or loosely coupled modules are the norm and support the IT road maps of HHSC, DFPS and its Go Mobile strategy.

- Portal - A new portal version of IMPACT will be assembled to provide access to internal staff and external partners. This will be achieved by modernizing the existing application as described above and using new COTS products - Identity and Access Management (IAM), Business Process Management System (BPMS), Rules Engines, Portal Servers, Business Intelligence (BI) System, and Enterprise Content Management (ECM) to assemble the new SACWIS.
- Business Process Management System - A workflow and rules engine will provide a platform to visually see business processes, its transactions, and make changes to the flow without the need of low level java developer skills.
- Business Intelligence - A BI platform will replace the manually written table based reports. A COTS solution will allow agency resources to focus on the needed report building and not on maintenance of a proprietary home grown reporting platform
- Enterprise Content Management – As with BI, the focus should be on the core business needs of the agency and not building homegrown content management systems to meet these business needs. ECM will lay the foundation and standard approach for the agency to follow for content management
- IAM - Maintaining and securely protecting sensitive agency data starts with a robust identity and access management process and supporting COTS system.

### *Assessment*

Based on TSG's review of the Modernization Plans and from numerous communications with a broad swath of DFPS and CPS personnel, TSG agrees that the Modernization effort is important to maintain IMPACT's usability and to extend its useful life well into the future. Upgrading IMPACT's present ancient elements to more modern technologies enables it to have continued support in the years to come. The Modernization effort brings the app into the 21<sup>st</sup> century and will align better with DFPS skill sets, to enable State staff to perform more of the maintenance tasks on the system.

There are several functionality observations with relevance to the Modernization work scope, noting that TSG's "To-Be" recommendations will occur in the next report. In particular, this report's observations pertain to the Usability and Forms Architecture work in the Modernization work scope. However, the importance of the technical upgrades should be emphasized, since the improvements will extend the useful life of the application. The technical upgrades should also enable the IT staff to be more efficient in making future changes as they will be working with

more flexible technologies rather than antiquated technologies where things were more “hard-coded” and difficult to change.

Of the listed Modernization functionality upgrades, most deal with necessary advances in new technology. Some prime examples are:

- The conversion of 85 COBOL batches to Oracle PL/SQL, which will utilize existing State skill sets.
- Upgrade of GRNDS – Java to SPRING.
- Tuxedo C code conversion to Java EJB’s, which will utilize existing State skill sets.
- Further the migration from a client-server architecture to a Service Oriented Architecture (SOA), which will encourage the insertion of pre-built components to the system.
- A new Business Process Management System will provide more visual (and more understandable) functionality to users, plus remove the need for low-level Java coding for changes.
- Business Intelligence (BI) to replace/augment the current manually written export tables used for reporting.
- Enterprise Content Management to replace in-house developed systems
- Identity and Access Management (IAM) will bring in an industry-standard component (yet to be specified) that will bolster security and provide robust functionality.

The portal initiative will assemble many of the above bulleted items to provide a better implementation and offer more flexibility in the future, with an initial rollout planned for CASA users.

Going by the itemized elements summarized above and information gathered to date, there are two main goals of the Modernization project.

1. Increase the usability of the IMPACT system.
2. Upgrade IMPACT: to allow it to be more functional, more secure, and more cost-effective for the State to maintain in the future.

## Strategic Technology Plan

### *Description*

TSG was provided DFPS's Technology Roadmap as part of the Assessment. In addition, there are several documents we examined that outline the business case and the approach for IMPACT Modernization which include a long-term direction for this application. For purposes of a long-

term business plan, the “Texas Health and Human Services Strategic Plan 2011-2015” was utilized in the analysis.

### *Assessment of Alignment with the Current Strategic (Business) Plan*

The following passages from the HHSC Strategic Plan referenced IMPACT. The first section deals with “4.B Describe agency strategies to develop and deploy applications more efficiently (i.e., through Cloud Computing, Software as a Service, Application Toolkits, Legacy System Modernization.)”

“Mobile Caseworker gives caseworkers instant access to all tools and information available on the LAN using tablet computers. This portability allows caseworkers to carry the computer with them into homes, schools, and businesses. IMPACT, CLASS, and CLASSMate are examples of developing and improving applications for field use. These applications are beginning to use Internet interfaces to allow not only caseworkers but also the clients of DFPS access to tools and information.”<sup>121</sup>

“Texas Attorney General (AG): IMPACT receives reports of court ordered child support for children in foster care.”<sup>122</sup>

“Texas Youth Commission (TYC): IMPACT sends and receives data to TYC to recoup IV-E eligibility federal money for TYC.”<sup>123</sup>

“Texas Juvenile Probation Commission (JPC): IMPACT sends and receives data to JPC to recoup IV-E eligibility federal money for JPC.”<sup>124</sup>

“Third Party Reviewer Interface: IMPACT sends and receives information from Youth for Tomorrow regarding children in foster care whose level of care needs to be established or reviewed.”<sup>125</sup>

The HHSC Strategic Plan also lists high level benefits and benchmarking that addressing “IMPACT Operational Enhancements.”<sup>126</sup>

- **Anticipated Benefit:** This project involves continued enhancements of the web-enabled Information Management Protecting Adults and Children in Texas (IMPACT) system. These enhancements are necessary to respond to federal requirements and the legislative

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<sup>121</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 218.

<sup>122</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 222.

<sup>123</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 222.

<sup>124</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 223.

<sup>125</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 223.

<sup>126</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 232.

mandates to improve system usability and to continue effectively supporting service delivery.

- Innovation Best Practice Benchmarking: DFPS continues to move toward more Internet based applications, including the ability for the public to submit childcare application forms and the ability for them to check online the progress of that application.

Both Strategic Plan high level sections are aligned with the operations and development efforts of DFPS and CPS. DFPS and CPS are deriving the benefits envisioned in the Strategic Plan, including the benefits that stand to be gained from the upcoming Modernization work.



**APPENDICES**

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**APPENDIX A: STEPHEN GROUP ASSESSMENT PROJECT TEAM**

The Stephen Group (TSG) assessment project team consists of the following experienced professionals:

- John Stephen – Project lead, former Commissioner of New Hampshire’s Department of Health and Human Services and Assistant Commissioner of the Department of Safety. Led similar projects in a number of states
- Will Oliver – Expertise in business process re-engineering, improved child protection and sourcing strategy for six states including Florida and Indiana
- John Cooper – CEO of a child welfare not-for-profit and former Assistant Secretary of Operations for Florida CPS. Led the Florida CPS reengineering project
- David DeStefano – Consultant for public/private partnerships, performance based contracting, program evaluation, SACWIS, and revenue maximization
- Jeff Schilz – Former policy advisor and budget director to Governor Mark Sanford, SC, focusing on HHS, Social Services, and Department of Juvenile Justice
- Richard Kellogg – Served as Commissioner, Deputy Director, and Director of Integrated Services for the states of Virginia, Tennessee, New Hampshire and Washington – Medicaid, MH/DD/SAS, LTS, Comprehensive IV-E, SE, and JJ Services
- Martha Tuthill – Senior Consultant for Florida CPS Transformation project, assisting team with vendor management, systems support and organizational improvements, former Accenture partner
- Art Schnure – Technology lead with state government health and human services technical initiative experience over the last 17 years, including modernizations of the protective services system in Rhode Island and a child care systems in Massachusetts
- Greg Moore - Served as a former state public affairs, legislative and policy director for divisions of children youth and families and juvenile justice
- Stephanie Anderson – Editorial and Project Assistant, former Executive Assistant with Texas Department of Protective and Regulatory Services

Some relevant recent projects of the TSG team include:

- Florida Department of Children and Families – CPS Transformation

- Indiana Family and Social Service Administration – Process improvement and sourcing
- Texas Department of Protective and Regulatory Services – Decrease child fatalities; reduce caseworker turnover; coordinate community-based organizations; sourcing
- Pennsylvania Department of Human Services – Improve child welfare documentation, eligibility, and federal claiming
- New Hampshire Department of Health and Human Services – Reorganization of Department of Health and Human Services
- South Carolina Department of Social Services – Budgeting and process improvement
- Mississippi – IAPD and business case for SACWIS integration with Medicaid)
- Maine – budget cost savings and best practice analysis for Governor’s Office of Policy Management
- Florida – Benefit Recovery Assessment and Implementation

## **APPENDIX B: GLOSSARY**

ABEST – Automated Budget and Evaluation System of Texas

Action Memo – CPS staff receive information about policy changes through Protective Services  
Action memo

ADDIE (Assess, Design, Develop, Implement, and Evaluate) – curriculum development method for CPS instructional designers and training developers

ADM – Administrative Directives, external policy statements designed to advise local service districts and voluntary agencies

AFDC – Aid to Families with Dependent Children, Replaced by TANF

BSD – Basic Skills Development—the initial training program for CPS caseworkers

CAC – Children’s Advocacy Centers

CAGR – Compound Annual Growth Rate, the exponential growth rate over several years

CASA – Court Appointed Special Advocates

CDR – Pennsylvania’s Child Death Review Team

Center for Policy, Innovation, and Program Coordination (CPIPC) – coordinates consumer and external affairs activities with elected officials, HHSC offices, community stakeholders, the media, clients and members of the public

CFRT – New York State Child Fatality Review Team

Child Care Licensing (CCL) – Regulates all child-care operations and child-placing agencies

CJST – Continued Job Skills Training, assigned and dedicated field mentors for new CPS workers

CLOE – Center for Learning and Organizational Excellence, training unit within DFPS, provides staff training and ongoing professional development for the CPS workforce

Collaterals – members of the child’s extended family, or others that are close to the child. Used by investigation to collect information about the child’s situation. This term is also used to refer to potential out-of-home placements for a child

Conservatorship – When a child must be removed from their home, the court appoints Child Protective Services to be a "Conservator" of the child and a Conservatorship (CVS) caseworker monitors children's care

CPIPC – Center for Policy, Innovation, and Program Coordination

CPS – Child Protective Services

D.A. – District Attorney

DAPIIM – Within CPS is A systematic way to prepare for and structure contacts

DFPS – Texas' Department of Family and Protective Services

DFSR – Family Services Review Team, conducts Program Improvement Plans

Equity of Service Statement (ESS) models are run for each of the key areas of CPS. These models take a 24 month rolling view of actual workload, by county

FAD – Foster Adoptive Home Development manages foster homes directly through CPS

FAD – foster and adoptive home development (FAD) program

Family Group Decision Making (FGDM) – a facilitated meeting including the family and their support group to resolve issues and support creating a safer environment for the family

FCFT – Texas' Child Fatality Review Team

FFP – Federal Financial Participation

FPR – Family Preservation stage

GOBP –

HCATS – HHS (Health and Human Services) Contract Administration and Tracking System

HHSAS – Health & Human Services Administrative System. The HHSC enterprise administrative and accounting system. The system includes a combination of payroll, human resources, and time and labor (Human Resources Management System) and financial accounting components.

HHSC – Health and Human Services Commission

ICPC – Interstate Compact on the Placement of Children controls placement of adoptive and foster children across state lines

IMPACT – Computer system used to support case work: Information Management Protecting Adults and Children in Texas.

IMPACT – the State Automated Child Welfare Information System (SACWIS) in Texas

Informational Letters (IME): external policy guidance clarification or amplification on existing procedures

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

Kinship – Kinship Care by Child Protective Services (CPS) locates relatives and other people who have a significant relationship with the child or family, who can provide children with stability when they can't live with their birth parents

LAR – Legislative Appropriations Request

LBB – Legislative Budget Board

Legislative Budget Board (LBB) – a permanent joint committee of the Texas Legislature that develops budget and policy recommendations for legislative appropriations, completes fiscal analyses for proposed legislation, and conducts evaluations and reviews to improve the efficiency and performance of state and local operations

Local Commissioner Memorandums (LCM): external specific information and guidance to Local Service District Commissioners.

MFR – Monthly Financial Report

MHMR – Mental Health Mental Retardation

MPS – Mobile Protective services, the mobile version of IMPACT

NRCCPS – National Resource Center for Child Protective Services: DHHS funded.

NCFAS – North Carolina Family Assessment Scale: out of home placement and reunification domains. Sponsored by National Family Preservation Network, non-profit. Requires licensing fee to users.

Office of Court Administration (OCA) – a state agency in the judicial branch that operates under the direction and supervision of the Supreme Court of Texas

PA – Policy Administrator (also a Program Administrator)

PA – Program Administrator, to which PDs report

PA Council – Policy Administration Council

PAC – Program Activity Code

PAL – The Preparation for Adult Living (PAL) program was implemented in 1986 to ensure that older youth in substitute care are prepared for their inevitable departure from the Texas Department of Family and Protective Services' care and support

PAN – Performance Assessment Network

PATS – Policy Alert Tracking System, system Policy uses to track policy under development

PD – Regional Program Directors

Performance and Quality Improvement (PQI), defines procedures for operationalizing specific aspects of the program

Period Under Review (PUR), the three month period covered by a CPS investigation

PEI – Prevention and Early Intervention

PIP – Program Improvement Plan

PMC – Permanent Managing Conservatorship

Principals – principals are the primary adults that a caseworker (FBSS and CVS) must see every month, while collaterals may include others, such as an aunt that has now moved out of state

Protective Services Alert (PSA) – also referred to as a Protective Services Action. This is a memorandum of policy change that is not fully incorporated into policy

PS – Policy Specialist

PSA– Protective Services Alert, temporary statement of policy change

RCC – Residential Child Care

SAVERR – System for Application and Verification of Eligibility, Referral and Reporting

SI – Special Investigator, position to investigate and/or provide advanced investigative and consultative services to CPS Investigators

SIR – System Investigation Request, requests for changes to IMPACT

SSCC – Single Source Continuum Contractor, responsible for ensuring the full continuum of foster care services in a designated geographic area

Staffing – a meeting of CPS caseworkers, usually including supervisors and/or Practice Directors

STARK – vendor that supports CPS with recruitment services

TANF – Temporary Assistance to Needy Families

TEA – Texas Education Agency

TexMed Connect – Texas’ Medicaid support system for providers

TIERS

TIERS – Texas Integrated Eligibility Redesign System (TIERS). Texas's eligibility and enrollment system for Medicaid, Children's Health Insurance Program (CHIP), Food Stamps, and Temporary Assistance for Needy Families (TANF).

TLETS (Law Enforcement)

TSG – The Stephen Group



## APPENDIX C: BUSINESS PROCESS MAPPING METHOD AND REGIONAL FINDINGS

### Region 1/9

#### *Investigations*

##### **Process Differences from Baseline**

The structural processes in Region 9 (Lubbock-Midland area) generally comport with the Region 3 Investigations process with minor differences in sequence. Both regions are unfamiliar with the “Complete criteria checklist” step. Law enforcement in both regions is contacted earlier in the process because law enforcement often contacts Investigations early in a case. Before proceeding to a child’s home for an initial contact interview the Investigator tries to contact the child/children at school or day care. Initial interviews are usually done outside the presence of the home. When a removal decision is made placement homes will not be considered if there is a drug history; both regions do not drug test all placements. When staffing with supervisors regarding emergency/non-emergency decisions only safety concerns are addressed at this time. Both regions involve attorneys when staffing with supervisors regarding emergency and non-emergency decisions. CASA workers are appointed by Judges if he/she chooses. Investigators do not attend ex-parte hearings, a difference with Region 3. If parents do not agree with CVS decision the hearing is held on the same day of the 14 day court hearing, a difference with region 3 court process.

##### **Process Observations**

Lack of investigators: Region 1/9 is experiencing major turnover due to oil boom economics and pay scale. As staffing goes down cases are added to the remaining investigators caseload. Investigators are caught in a balancing act between spending time with families and process documentation. It was reported an entire Midland Investigations unit quit when Investigations went mobile.

Due to vacancies a “Cycle” results as all cases left by turnover are placed with experienced workers. Tension and stress builds up and more Investigators leave.

##### **Assessment**

The Investigations process in Region 1/9 is significantly challenged by vacancies, delays in hiring, and the travel time required in some of the most remote areas of the state.

The Region benefits from a partnership relationship with Law Enforcement.

## **FBSS**

### **Process Differences from Baseline**

The Region 1/9 process for FBSS generally follows the overall process steps from Region 3 baseline, however there are several sequence differences in several key steps. Initial cases in both regions are directly assigned to FBSS caseworkers. FBSS staffing rarely includes PD at the initial stages of case staffing. The FBSS supervisor decides if a case is accepted or not. A key process difference pointed out by the group is that Investigations and FBSS rarely meet with the family together. There are several differences from baseline in the sequence of actions taken once an order to participate is issued as follows: a) FBSS caseworker waits for case assignment/post order; b) Case transferred to FBSS: no guideline in Regulations on time frame; c) Caseworker contacts family; d) Discuss services with family and/or refer to FGC (8-10% of the time); e) Child must be seen in 10 days regular or 5 days moderate; f) contact collaterals; g) 2054's submitted; h) Day Care services requested; i) Service plan is typed/approved; j) Caseworker contacts family to provide service plan; k) on-going monitoring of plan of services and family progress; l) Request FGC if needed or recommended by supervisor.

### **Process Observations**

Key Learning: Midland has a joint Investigations/FBSS supervisory structure in place. All staff indicate that this helps to reduce silo mentality on transfers from Investigations to FBSS. Investigators, in particular, "REALLY LIKE" the model as it results in an "easier" process of referring cases to FBSS. Investigators and FBSS caseworkers believe joint supervision would work in Lubbock.

### **Process Assessment**

FBSS staff are concerned with the lack of standards to answer the question should FBSS take a new case or close an existing case. Joint supervision with Investigations has helped improve the decision making to some degree. The FBSS process in and of itself does not help with decision making.

## **CVS**

### **Process Differences from Baseline**

The initial sequence of activities is different from the baseline. The Region 1/9 sequence for the first 5 steps is: 1) Post removal staffing; 2) Attend 14 day hearing; 3) Case assigned to sub care; 4) Read investigations/get familiar with the case; 5) Make contact with the parents. The Odessa

area process requests FGC if needed before making a family plan and holds a Permanency conference 15 days before the status hearing. When a permanency change is in place Odessa receives recommendations from providers and lets all parties know. An agreed order for placement is sent out but an affidavit is not filed. Placements are made after the second permanency hearing and CVS monitors weekly until a final hearing. Odessa/Ector County only holds two permanency hearings. If a termination order is granted parents may appeal through a de novo trial. A higher judge hears the case and may uphold the termination order or gives PMC to CPS and orders FBSS to work services with the parents again. If the parents wish to appeal the upheld termination order they can appeal to Eastland Appeals Court which makes the last and final decision.

### **Process Observations**

The CVS process in this region mirrors the cooperation between Investigations and FBSS.

The Odessa regional office has a somewhat different process for informing all parties in a Permanency Hearing situation on available services.

### **Process Assessment**

The CVS process in Region 1/9 has brought some efficiency to the overall process that may be based on difference in regional courts. The process steps of moving to automatic Permanency Conferences before FGC and FPC process and replacing the affidavit process with a Placement Review Hearing were noted by CVS staff as being a more efficient use of their time.

## **Region 2**

### ***Investigation***

#### **Process Differences from Baseline**

We found Region 2 to not only have some process differences with the baseline process described from Region 3, but also differences between the offices within the Region. The Wichita Falls office and the Abilene office have a significant amount of variance that we will attempt to capture here.

In Region 10, the investigator will do some work (criminal background check, call reporter for more info) prior to supervisor staffing. The Abilene office does not have a formal checklist that it follows, but the Wichita Falls office does. The Abilene office contacts law enforcement much earlier in the process (when case is assigned to the investigator), but the Wichita Falls office contacts law enforcement at the same time Region 3 does. Both offices staff with law

enforcement prior to going out to the school to visit with the child. Neither office does a TIERS check on every case (“only when the address is fuzzy”) and neither office documents their location in Outlook.

One office’s investigators said that they photograph the child earlier in the process than Region 3, but the other office said that they do the photographing at the same place in the process, only wait to upload the photos until later in the case. The offices agreed that they don’t necessarily do drug testing on PCSP – “it depends on the history of CPS cases.” The two offices differed in determining what information is to be included in the Safety Plan. In Wichita Falls, it is supposed to include things that CPS can control, but in Abilene it includes what they can agree to do (for example, not do drugs when supervising your children).

Both offices agreed that they would need to identify protective parents prior to preparing the Safety Plan and that, unlike Region 3, they would have staffed prior to preparing the Safety Plan. Some offices in Region 2 do a Blue Bag and some don’t, “it just depends on the unit.” Both offices agreed that the box in the baseline process that includes “Medical Consent, Placement Authorization, etc.” is done back when the Placement Authorization forms are completed. Neither of these offices attends the ex parte hearing, but instead turns in an affidavit.

Some offices in Region 2 have attorneys do the Risk Assessment filing in IMPACT and others have investigators do it. The Abilene office does not necessarily do a joint assessment with FBSS (there is an assessment done, it is just a matter of whether it is joint or not). Both offices do an ICM staffing instead of the Post-Removal form that Region 3 included in the baseline process.

### **Process Observations**

- The investigators representing both of the offices in Region 10 agreed that they almost always try to see children at school (if at all possible) prior to attempting to see the children at the home. They feel that they can have more honest interaction with the child at school without the parent present.
- Region 2 no longer transports children to placement. The transporting is now done by a contracted provider (Providence). At one point during the discussion an investigator said that they will follow the transporter to the new placement.
- Supervisors and screeners in these offices can shut down cases prior to the case being assigned, but “it’s more supervisors shutting down cases than screeners.”
- Handoffs to FBSS are done whenever the investigator and the FBSS specialist can schedule a family visit together.
- ICM staffings are scheduled and must occur within seven business days in Region 2.

## **Assessment**

Region 2 is one of the more unique Regions that we visited in terms of the variances between the different offices in the Region. The way the cases are assigned in the different offices highlights this. In Abilene, the “next man up” gets the case with little regard for caseload. The supervisor can modify this if one investigator is a better fit for a particular case. In Wichita Falls, there is a “three weeks on, one week off” policy. During the “off-week” the investigators do not get any new cases (unless they sign up to get cases), which allows the investigators to get caught up on their current cases (or plan to be on vacation during this week).

The Wichita Falls office has three units with experienced workers with very low turnover (nearly all of the workers have been there 15 years) due to a good “team” office culture, supportive supervisors and lower caseloads. This is in stark contrast to what we found in the Abilene office (and most of the rest of the state).

Staffings are not typically scheduled in the Abilene office and will often occur over the phone because the investigator is with the client in the home. The Wichita Falls office has staffing scheduled every Tuesday. This gives the investigators a goal to shoot to have all of their cases updated so they can discuss at the staffing. The Wichita Falls investigator questioned whether their office might have a hard time going mobile because “we are so close and work so well together.”

## **FBSS**

### **Process Differences from Baseline**

In Region 2, the process would be different in that the first three boxes on the baseline Region 3 process would be combined into one box titled “Investigations submits referral to FBSS.” After the supervisor reviews the case it is assigned to an FBSS specialist. In Region 2, the FBSS specialist would verify with the family that they are willing to comply with services during the transfer visit.

Where the “Decision Made” diamond exists on the baseline process Region 2 would add the “decision to accept/not accept services is made,” as well as the “decision of whether the level of services provided will be regular or moderate.” Cases are rarely transferred by 5:00 PM the next business day in Region 2 and are more often transferred three to five days later. In moderate cases in Region 2, the FBSS specialist sees children within 5 days, not 7 days as in Region 3.

The FBSS specialists in Region 2 added a step in the process where they would go into IMPACT and change the roles of family members because “the principals for investigators are not the

principals for FBSS.” Region 2 FBSS specialists would also do criminal background checks at this point, as well as a “family tree” (if Investigations has not already done this).

Finally, Region 2 FBSS specialists do not do the final three boxes in the baseline process mapped by Region 3.

### **Process Observations**

- Region 2 FBSS specialists have monthly staffing conferences with supervisors.
- The discussion of which services each family will receive is discussed in the transfer staffing and services are often started before the Service Plan is complete.
- All of the services for each family are listed on the Family Assessment.

### **Process Assessment**

- In some counties in Region 2, there are no services so the FBSS workers just use handouts that they give parents.
- Region 2 FBSS specialists reported that they have a hard time finding forms in different languages.

## **CVS**

### **Process Differences from Baseline**

As mentioned during the Investigation analysis above, there are differences by county within Region 2. These differences are partly driven by different standards set by the local judges. As one can imagine these differences are the primary reasons for the differences between the Region 3 baseline process and the Region 2 CVS process. The timing of most actions is determined by the next court appearance.

Services are not submitted to the DA in Region 2 because “everybody gets the same services.” Many of the initial steps in the Region 3 baseline process are done before or at the 14<sup>th</sup> day hearing. Legal or the DA will submit any paperwork when a Native American child is involved.

The supervisor and legal staffing is done after the Permanency Hearing. Region 2 CVS specialists added a box to the baseline process where they “Send eligibility worker PCA benefits and negotiation.” This region has an Adoption Checklist that must be completed after the closing of the FSU stage, which is simultaneous with an Adoption Staffing, which Region 2 also added to the baseline process. Region 2 CVS specialists do not do an Affidavit Recommending Limits of Return or have a Placement Hearing. This region does have a Compliance Hearing instead of a Second Permanency hearing.

Finally, before closing a case the Region 2 CVS specialist does a Risk Assessment and one more staffing with their supervisor.

## **Process Observations**

- Region 2 CVS specialists receive an email from with paperwork attached informing them that they have received a new case.
- Monthly visits (at minimum) are done throughout all cases.
- There has been talk of adding Kinship to the ICM staffing, which the Region 2 group that we spoke with thought would be a great idea.

## **Process Assessment**

- As we have seen in other regions that we visited, when local judges routinely take positions that differ with CPS policy and guidelines, it creates a dilemma that local supervisors don't know what to do. When a judge routinely refuses to remove a child from the home under certain conditions, or requires extra steps before they will consider removal, experienced supervisors either modify the policy to accommodate the judge's predictable actions or, in extreme cases, the supervisors will take a position in opposition to the judge just to protect the Department. This creates confusion for a new worker who crosses county lines in why the policy varies from place to place and from supervisor to supervisor.
- There is some dissatisfaction with the quality of services that Providence (contractor) is providing. This dissatisfaction is shared by some of the judges and ad litem, which ultimately can add more work to the CVS specialists' cases.

## **Region 4/5**

### ***Investigation***

#### **Process Differences from Baseline**

The Tyler/Beaumont area generally follows the baseline structural procedures in Investigations, differs in sequence in several procedures, and is similar to Regions 1/9 in several ways. Similar to Regions 1/9, Tyler/Beaumont does not use the criteria checklist and do not always submit a courtesy request when a parent or child is in a different county at the beginning of a case. TIERS is checked as needed. The process steps from initial assessment/home visit and staffing with the supervisor are in a different order than baseline depending on the case, travel time, and gathered information. Drug testing is completed earlier than the baseline process. A FTM is held after and PCSP as quickly as possible. In an effort at efficiency this region staffs post removal staffing to

determine services between Investigations and CVS supervisor to reduce post removal staffing time. A FTM is held to complete forms respond to any needs/information in preparation for FGDM (similar to Regions 1/9 and Region 3, Dallas County). The Smith County Judge schedules FGCs. Smith County has a Removal Unit that performs the functions needed to complete a removal after Investigator makes the decision to remove the child. The group noted that Smith County is “centralized” and this type of unit might not work well in rural areas.

## **Process Observations**

Investigators make an effort to see supervisor once a week/monthly staff meeting. Staff are concerned that becoming mobile will result in less connectivity within unit. The process of going mobile with new technology does help but concern is that staffing with peers face-to-face will not happen. Staff stated this is important when you need to do a removal. Staffing is important and hard for supervisors not to be disconnected from us. Supervisor meets face to face and unit meeting with Investigators every month. Staff in the Tyler Beaumont region feel the level of commitment of the supervisors is “great”.

## **Assessment**

Important to note the Investigators feel challenged with the amount and quality of time they have available with child/family due to the steps and documentation requirements of the Investigations overall process.

## **FBSS**

### **Process Differences from Baseline**

Region 4/5 approach to FBSS process differed slightly with the baseline, primarily in sequences and Program Director involvement throughout the case. One difference of note is that the Investigator verifies that a family is interested in FBSS services before a FBSS caseworker becomes directly involved with the family. The initial staffing is based on the FBSS worker scheduling staffing with FBSS supervisor and Investigator on the case. FBSS Program Director is usually not involved with individual case staffings. Not all FBSS cases in the two regions are referred for FGCs, only when needed.

### **Process Observations**

There is a great deal of cooperation between Investigations and FBSS when cases are “handed off.”

### **Assessment**

There is a shortage of services throughout the regions. As with other regions, the lack of services is greatest in rural areas. The Tyler/Beaumont regions have prioritized maximizing faith base services that are available.



## CVS

### Process Differences from Baseline

The Region 4/5 CVS process is substantially the same as baseline with several sequence differences designed for increasing efficiency. The request for a permanency conference is replaced by a CVS requested FGC at the beginning of the process. This avoids the request for a FGC further at future steps. Additionally, this region does not process reunification considerations at the same time as baseline indicates.

### Process Observations

Caseworkers pointed out duplication from Investigations to FBSS as four different Family Plans in four different stages are involved in the process steps. FBSS caseworkers they have already written a Family Plan should come over to CVS and not have to be duplicated.

### Assessment

Region 4/5 has an Adoptions Preparation Unit that utilizes the adoption specialist positions within the region.

### Overall Assessment

Investigators and FBSS caseworkers find it difficult to “catch” the family, collaterals neighbors/schools and therefore find it real hard to spend an hour with a family as phone/next crisis is needed. Investigators are continuously moving forward cases that are “hotter”/higher risk and pushing back cases that are “colder”/lower risk. Most of the time pressure is a result of the process documentation time requirements and travel.

Investigators, FBSS, and CVS caseworkers are keenly aware that Judges know when you they do not spend enough time with families as they expect.

Interviews in Region 4/5 commented on aspects of “Specialist positions” and their interface with day to day Investigations, FBSS, and CVS work:

- Adoption Specialist –Region 4 has CVS adoption prep units with adoption specialists in each region and they are supervised by the region.
- CFSR Lead-reports to State office and provides statistical data-would be helpful if they provided more training in the regions and could be responsive to local staff.
- Child Fatality Review Lead-supervised out of State Office. These staff could be supervised in the Regions to meet the specific needs of the Regions.
- Community Affairs Specialist - this position is in State office and is helpful to the regions

- Contract Performance Manager - Contracts management would be beneficial to be supervised at the region. Region 4/5 does not interface with this position.
- Director of Placement Services - provides valuable service to the regions.
- Director of Policy/Program - very helpful and important position at State Office
- Director of Investigations – Region 4/5 does not interface with this position
- FAD Program Specialist - 5 of these and Region 4/5 does not interface with them
- Faith Based Program Specialist – Region 4/5 does not interface with this position
- FBSS Program Specialist – Region 4/5 does not interface with this position
- Medical Services DA and Program Specialist - limited contact; program specialist does have contact with regional disability specialist
- Master Investigator – two in Region 4; they report to the region but the region has no say in their assignments.
- Substance Abuse Specialist - needed in the regions; Region 4/5 does receive feedback from State Office

## Region 6

“I love my job, but there are so many restrictions that I’m afraid I’m going to get in trouble.”

### *Investigation*

#### **Process Differences from Baseline**

In Houston, the CPS focus group reviewed the baseline process map to identify any differences from the Region 3 baseline maps. Differences from the Region 3 baseline are minor—mostly dealing with sequencing and naming of the processes. Difference in processes are depicted and listed in Appendix L.

#### **Issues Related to Investigation Process**

- IMPACT does not help workers with decision making. It is simply a place to document the decision after-the-fact
- Workers are very compartmentalized within the region
- There is not standard clearinghouse available for voluntary placements—the caseworker must have her own knowledge of the area resources and their availability
- A lot of children go to foster care with nothing – foster parents get a clothing allowance, relative get nothing

- IMPACT needs to have the ability to take uploaded audio
- Investigations are still very manual. It would be better if CPS could get rid of the paper file altogether, but IMPACT is not adequate for all the information that is required

### **Assessment**

Decision making is largely based on the personality and experience of the caseworker, supervisor and PD. Decisions are not supported by IMPACT; that is just a place to look up and store information. The caseworker cannot be sure of what information will be needed to make a decision, and winds up taking extra trips to get information she did not know would be needed.

Region 6 has some examples of caseworkers working together, drawing on each other's unique skills and experience: for example finding services, and doing assessments. However, sometimes this is frowned upon by leadership, who is more concerned about meeting numbers.

### **FBSS**

#### **Process Differences**

Process differences from Region 3 are enumerated in Appendix L. Some key differences include:

#### **Issues Related to FBSS Process**

- Infighting between stages (e.g. Investigations and FBSS) takes up time. This happens at organizational levels above the workers – who are not truly empowered to make decisions.
- Caseworkers observed that services provided in conjunction with an investigation are generally very standard—for example, 99% of the time, parents will need parenting services. Likewise, any situation that involves drugs will “require” 6 hours of drug treatment, no matter the level of the drug situation. The “cookie cutter” levels seemed wasteful
- One office in the region finds that it benefits from allowing a worker to specialize in assessments. "This caseworker is really good at doing assessments (and enjoyed doing them), would do a lot of them for the other workers in the unit. It helped morale in the unit and she had a reduced caseload because she was taking on more assessments. The P.D. made them stop doing it because they were concerned more about stats than outcomes."

- The decision about how to make an investigation decision is highly subjective. Also, supervisors tend to have different expectations than their PDs. So, the caseworker may have to go back to the family several times.
- Families need to understand what is going on in the process. Big problem with Spanish-only speaking families. FBSS uses Masterword (on-call translating service), but Investigations only has language line (phone call). They need an interpreter. Or better, investigations (and other CPS services) should be conducted by caseworkers with language skills.
- The handoff between Investigation and FBSS is confusing. The family gets a form letter from Investigation saying that the “case is closed”. Then, FBSS shows up. The family does not understand the nuance that one case is closed but the FBSS one is just beginning

## **Assessment**

FBSS services are too routine, and not really tailored individual family needs. For example, families typically receive parenting assistance and “6 hours of drug treatment”, without carefully considering the right types and levels of service. This can wind up being a waste of time.

## **CVS**

### **Process Differences**

Houston was the only region that provided a detailed description of the process of working with a native tribe. Courts in each region have different requirements of CPS. Houston caseworkers said they have no Permanent Managing Conservatorship (PMC) Unit, “I am my own PMC”.

### **Issues**

- CPS is too compartmentalized—no one knows what the other units are doing
- It would be better if CPS could refer attorneys that deliver high value with adoptions
- “I love my job, but there are so many restrictions that I’m afraid I’m going to get in trouble.”

### **Assessment**

CVS works largely like other regions. The issue is that CPS does not work together internally to take advantage of the best skills in house. Also, it cannot recommend the best services for outside lawyers.

## Region 7

### *Investigation*

#### **Process Differences from Baseline**

The Investigation process discussed in Region 7 is very similar to the baseline process described from Region 3. There are times that the investigators need permission from supervisors before requesting drug tests. Region 7 reports that the process for closing a case when the drug tests are negative and there are no signs of physical abuse seems a bit more straightforward in this region.

#### **Process Observations**

- The Investigators talked about the variability in the complexity of cases and how they cannot predict the difficulty of a particular case until they get involved in it. They talked about how fatalities appear to be driving policy. Their perception of the highest risk factors in fatalities include co-sleeping, the stress to parents from special needs children, mental health issues (in particular schizophrenia and bipolar), substance abuse, and prior domestic abuse. The Investigators talked about the prevalence of marijuana in cases around the Austin area and the courts tolerance of marijuana use.
- The investigators shared their point of view on what would make a family safer. They don't believe the specific questions in a safety or risk assessment are as critical as spending more time with the family to understand the family dynamic and environment. They believe that more services tailored to the needs of the family, as opposed to generic services, would provide better outcomes.

#### **Assessment**

The 72 hour timeline for responding to a priority two report creates significant spikes of work on Monday mornings where all the cases that came in since Friday night get dispatched together. If Monday is a holiday, Tuesdays become even more jammed with investigators scrambling to meet their deadlines. The quality of the work may be compromised as the investigators race to see as many children as quickly as possible.

### *FBSS*

#### **Process Differences from Baseline**

In Region 7, the process to handoff the work from an investigator to FBSS for services starts with an FBSS referral form. This form is not stored in IMPACT but in the DFPS database. The FBSS supervisor checks an inbox to receive these incoming requests. The Administrative

Assistant assembles a binder of the investigation materials. Some counties do FBSS staffings only on Thursdays so the investigators know they need to get their case files completed by this weekly deadline. In some counties, the FBSS staffing is conducted in person while other areas allow participants to dial in via a conference call line. Each case is slotted for a 15 minute time slot and the staffing goes on all day. Both the investigator and the FBSS specialist must be present for their time slot. The Administrative Assistant compiles the list of staffings that need to occur, coordinates meeting rooms, and communicates with the participants on when they need to attend the staffings.

Once the FBSS supervisor accepts that this case requires services, they assign it to an FBSS specialist. The FBSS specialist typically emails the investigator and requests that the Investigator set up a meeting with the family. The family has met the investigator. The family has not met the FBSS specialist and won't typically return their calls. The FBSS specialist also talks to the investigator to get verbal history of the case so far. The FBSS specialist reads the history in IMPACT. If there are prior cases that have been merged together, it can be difficult to follow the chronology of what has happened with this family. If information has been scanned from prior case binders, it is often not well indexed and may be out of sequence.

The family must be seen and the assessment documented in 10 days – rather than the 7 days noted in the Region 3 map. The visit is typically an announced, scheduled one since you want the parents to be present to discuss services. Typically the children are in another room and are not part of the conversation. The focus of this discussion is on expectations of the family, timeline, services recommended, and the family schedule and whether the services will fit into their schedule. The current push is to document the meeting with the family in real time which creates a challenge for the FBSS specialists. The home may not have a place to sit. The loss of eye contact caused by typing while doing this initial visit with the family is significant. Non-verbal communication with the family may be missed while typing.

The meeting with the family is the point in time that you verify whether the family is willing to accept services. This is shown as two separate boxes on the Region 3 process map. If the parent's story is inconsistent with their behavior, the FBSS specialist may decide that services are not likely to yield a favorable outcome. If the parents are uncooperative, they may not be a candidate for voluntary services.

After the meeting with family, the FBSS specialist finishes the documentation of the home assessment. Between the investigator and the FBSS Specialist, the primary person enters the information into IMPACT. The investigator updates any people and contact information if new adults were in the house that are not already in the case file.

The FBSS Specialist needs to understand the availability of local resources from personal experience. They can look up in IMPACT who is contracted to provide services.

The new ruling is that the family must sign paperwork saying they can't afford daycare on their own and request State help with daycare before the FBSS Specialist can request day care services.

During the period of time the case remains open for services, the FBSS specialist assesses how things are going. For example, a positive drug test result is an indicator that the services are not sufficient to keep the child safe. If things are not going well, the first step is typically a Family group Conference before they resort to court intervention. The FBSS Specialist refers the case to a Family Group Conference Specialist who conducts the meeting and assesses the outcome. The conference is attended by the FBSS supervisor, the family, the family's support group, and the FGDM coordinator. As a result of Family Group Conference, a number of actions might be taken:

- If it went well, the meeting came up with plan to get family out of CPS care or different way of working with them
- If the meeting was not positive, then staff for legal intervention
- In Travis County, they send e-mail to request a follow-up meeting
- The caseworker documents the meeting in IMPACT in contact summaries for the Family Group Conference or the Family Team Meeting
- The caseworker must translate the contents of the family group plan into Spanish if appropriate
- Caseworker submits day care request at same time as request other services. Caseworker must ensure family has tried to obtain day care payments from other sources before they can request this service
- Initiate services

### **Process Observations**

- The process includes a number of steps to enable investigations and FBSS to manage the handoff between the two groups and to explain the transition of CPS workers to the family.
- The timing of the family visits, the creation of the Family Plan of Service, and the need to have approval by FBSS supervisor before obtaining the signature from the family means the FBSS specialist meets twice with the family almost back to back.
- Travis County does not request home assessment until ordered to do so. They only do a preliminary assessment to get info on relatives for judge in case relative placement.

- The FBSS specialist must visit the families twice a month with one visit announced and one visit unannounced. If another CPS caseworker has seen the family this month, that visit does not relieve the FBSS specialist from their visitation requirements. They must check with the service provider, day care, school, and even the original reporter of abuse and neglect to obtain an independent observation of how things are going. They must document these contacts with 24 hours of the visit. They must reorder purchased client services from contractors as the original service requests expire – typically every two months. The monthly evaluations are due by the 5<sup>th</sup> of every month. The FBSS specialists described the last week of the month as “hell” as they need to see all the families they haven’t caught up with all month. The monthly evaluation must document why the services are still needed, what the evaluation is, and the next steps to keep the children safe.

### **Process Assessment**

- There are challenges in finding available contractors to provide services. If the family doesn’t live near a bus route or have money for gas, they are less likely to be able to take advantage of services offered. There does not appear to be a good feedback loop to require input from the FBSS specialist on the nature and location of services they perceive are most needed back to the procurement personnel who are contracting with providers.
- Language is a major barrier in creating relationships with the family that motivate them to take advantage of available services. There is a translation service available but it slows the communication process dramatically. The families are less likely to call their FBSS specialist when they don’t speak their language. Sometimes Administrative Assistants and Human Services Technicians are bi-lingual and help out, but they don’t get paid for that work. Some bi-lingual workers trade cases with other workers to help out. New workers get extra pay for bi-lingual skills but existing workers don’t qualify if they take the test and demonstrate language proficiency.
- The in-person staffings require travel time on the part of the investigator and FBSS specialist. On one dimension, they are encouraged to be mobile and yet the staffings are oriented around the efficiency of the supervisor rather than the efficient use of time of the front line workers.
- There are many places where IMPACT requires extra work. For example, if the Investigator orders services for families while the case is still in the investigations stage, those requests for services must be closed and new requests opened once the case moved to FBSS. This can impact the provisioning of services to the family



## CVS

### Process Differences from Baseline

There are many similarities in the overall conservatorship process between Region 7 and Region 3. The CVS specialists describe the process at its highest level as “go to court” and “do what the court tells you to do”. Most of the differences between regions have to do with specific requirements of the courts in specific counties. The timing of most actions revolves around the next court appearance.

Within CPS, CVS cases are typically staffed on Tuesday afternoons. The investigator, investigator supervisor, CVS specialist, and CVS supervisor all attend the staffings as well as other regional leadership. The CVS specialist is typically not assigned the case until about the time of the ex parte hearing which is typically about a month after the investigator first makes contact with the family. During the staffings, the supervisors will attempt to match the best CVS worker with the family based on nature of the alleged neglect or abuse, age of the children, language spoken, and a number of other factors. Geography is not a good indicator for assignment as the children move a lot during the CVS process.

### Process Observations

- There are a number of court requests for special drug tests and special services that may not be the CPS norm. There are some services provided by the local community and paid for outside CPS. The CVS specialists report they don't have a master list of available services and they rely on word of mouth about what is available. In many cases, they call the provider and ask if they are still offering a particular service.
- The CVS specialists report they work with a wide cross section of attorneys – each of whom has a different relationship with the judge. The CVS specialists report that they are inundated with requests for information from a lot of different parties just before a court date – the CASA, each parent, and the attorneys asking for medical updates and explanations when certain medical tests weren't done. If the CVS worker is not prompt in answering emails and phone calls, the parties will report to the court that CPS was uncooperative.
- The CVS specialists report they do occasionally escalate emergency placement situations all the way to State Office. They appreciate the help they receive in these challenging placement situations.

**Process Assessment**

- A large part of the CVS process involves going to court and responding to court orders. Yet the CVS specialists get very little training in legal language and no practical training on how to appear in court. The CVS supervisor generally attends the court proceedings to address this lack of experience in the courtroom.
- There does not appear to be any adjustment made to the CVS specialist's workload based on the specifics of the court orders. Some judges will order 8 hours of visitations over a three day period which means the CVS specialist must deprioritize other cases to transport the children and supervise these visits. There are some options, in some cases, to get help with transport and to contract out for supervised visits but the CVS workers report some issues with using the supervised visitation services. In some cases, the supervised visitation contractor does not have an office to conduct the visits, so the CVS worker must be present to use the CPS office location. The CVS specialists in Region 7 highlighted the Airport Commerce office as one of the more challenging locations for supervised visitation. It may take some families 3 hours by bus to get to this location. It is not always feasible for children with special needs to come by bus. In addition, there is a shortage of available meeting rooms. In some other cases, the CVS workers report the supervised visitation contractor has not been trained on what they can say to the parents and what documentation is relevant to include in the file. In other cases the supervised visitation contractor attempts to watch two children in two separate rooms at one time, which creates a safety issue. The court ordered visits are often a disruption from school for children who may already have an educational deficit from having been pulled from one school district to another.
- The CVS workers report other examples of court orders that require them to go well above and beyond their normal workday. One judge ordered the caseworker to help the kids go to three different churches on Sunday morning. Another judge ordered day care even when CPS funds for day care had run out for the year. Another judge ordered placement with the relative who was unprepared to take the children and couldn't afford to do so. The CVS workers report there are some weeks where they have 28 hours of supervised visitation plus all their other work.
- The CVS workers report the process of getting ready to go to court is a lengthy one that requires them to start three weeks before the court date. They have one week to obtain information from schools, physicians, therapists, etc. and put it into their report. They send the report to the supervisor for review. The supervisor makes corrections and requests revisions. The CVS worker makes the appropriate updates and returns the report to the supervisor for review. Once the supervisor approves the report, they get it notarized, make copies, send the copies to all legal parties, and deal with the feedback

from all the legal parties. Region 7 does not have court liaisons to help with the reports so the CVS workers do their own reports.

- Another area of concern the CVS specialists raised is the timing of home studies and placements. They submit a request to the Central Placement Unit mailbox for placement. This is a 26 page form with additional pages for teenagers. It typically takes 24-48 hours to get this request assigned to someone. A home study must be done and a review of several homes to determine the best placement is done. The request then is submitted to the Child Advocate. However, if a decision is not reached in 72 hours, the placement is released and there is a missed opportunity. In some cases, the caseworker must start over again with a new placement request. The caseworkers in Austin generally felt there is hyper-awareness of media attention and many agencies are not willing to accept teen placements for fear of suicide risk and potential liability.

## Region 8

“We need to instill pride in ourselves in our agency – we don’t have that; people afraid to say where they work”

### *Investigation*

#### **Process Differences from Baseline**

The Region 3 process map largely describes the process in Region 8 as well. There is a Region-wide routing/assignment system and Bexar County has a separate routing process. Unlike Region 3, Region 8 does not try several times to gain entry to the family house—go immediately to a “Motion to Investigate”. Some workers do not upload pictures until the end of the investigations—because it takes so long. No Blue Bags, just use garbage bags. The team reported that there is wide variation even within the Region about whether and when to request child care for emergency placements at a foster home. The court will give same-day decision on removal. There are some differences about drug tests—which are not normally done in San Antonio.

#### **Hiring and Training**

##### Root Causes: Why Training is a Problem

- Dictates from Austin/legislation as to what must be done, mandated...instead of working locally to establish what to focus on, and who to teach.

- Old style content and teaching methods – conflicts as to what is trained, how; Trainers have not been “upgraded.”
- Dictates come from their bosses, or trainer may also say what they prefer to happen.
- Teaching different ways, interpreting curriculum differently;
- Not selective enough when hire positions, trainers, not everyone is built to teach / not really teachers
- What makes good BSD Teacher
  - Experience within field they are teaching
  - Good interpersonal skills
  - How to impart what you know to others
- No train-the-trainer courses, go to classes on the curriculum, but not classes on how to teach; no certification in teaching
- BSD not weeding out bad workers, they just correct and graduate; grading on a checklist, not a real assessment. Workers have to demonstrate once on the job that they are not a good fit, must be severe to be noticed.
- They see you as a body that can start taking cases
- Training is not realistic, just book training. Role playing is with friend, but they are warned “don’t give them a hard time” – because it would scare people off.
- “System wants to keep bodies, that’s the problem”
- Need more training in field?
- New graduates need to get right into cases, instead of spending one month being bored
- Mentors/All Stars not getting support, extra pay,
- Training timeline skewed: When they go to their unit, they shouldn’t be worried about BSD classroom stuff, should be able to focus on real world/field stuff.
- Spend a lot of time learning how to do stuff not related to their specialty, for example, learn to write a removal affidavit, though not regularly needed.
- Training focused on Investigations, not CVS, FBSS
- Training should be more specialized, all need to know basics of investigation, “everyone has to be an investigator at some point”, spend too much time on some things (2 days on safety assessment), pick and choose sections that they focus on, instead of spending time on the whole process; don’t hit all the steps, don’t focus enough on Family Plan of Service – why (“how can I do a family plan of service, I don’t even know the resources I have yet”)
- Not showing them the steps of working a CVS case, don’t spend time on the steps leading up to and following the one step they focus on

- Focused on training tasks
- Written test at beginning and end of BSD < 70 to pass, written test at end of core, field test/mock interviews after specialty – toning it down because people not passing.
- Human factor part missing - no time spent on being a good social worker
  - Mentors not given the responsibility to give feedback, not reinforced by supervisor
  - It's hard to teach people skills
- Social science folks no longer applying for CPS jobs, have to take what we get
- Need to train mentors in people skills
- No recognition and reward/incentive for training people skills, because don't have time to go out with new workers on their cases to watch them and their people skills,
- We don't see it as worth it to invest in people, everyone expected to finish their own cases; help our own units, but don't go out of our way to help somebody else's unit.
- Used to be that a new worker can come in and just listen and learn all they need to know. Now no institutional knowledge, no one shares the info, we are so diversified, don't know what other people/units do because not a requirement to know that, mobility, - has to do with stability, if have stable unit with good supervisor, then that unit shares its knowledge; but if bring in new unit - have no institutional knowledge; new units don't necessarily work with old units; constant war between Inv and FBSS;

## Potential Solutions Raised by Region

- Better training for support staff to support the workers, now different expectations of what they should do
- Cross training experienced workers
- Different programs know of different resources, need to share information on resources; create common ground between INV, FBSS; getting started with the hand off; sharing for the benefit of the families; vs. "Don't be reading my stuff"
- Often training only offered once, only 22 people get to go; people skills training rarely offered, core training offered more frequently; good training includes social skills (taught you skills in how to interview, how to talk to people appropriately, motivational interviewing (focus on positive to get person to work with you) dealing with angry parents, how we deal with it)
- Role playing in BSD has no emotional value – they aren't angry, threatening you, yelling at you, etc.
- Still get full case load during training;
- More practical online trainings

- “If you’re going to go through a PowerPoint and read it to me? Just e-mail it to me, I’m literate.” – no communication with trainer, just the content
- Some topics are easier to do online. But some class where I need to touch and feel, I need to be there in person
- Annual required trainings – same every year, just skip directly to questions
- Good online training – informing me of something I don’t know, is presented well, has an end goal in mind
- One of best training – webinar domestic violence to deal with perpetrators: useful content, could interact with it, type in questions, asking for responses, required focusing on it, some questions they couldn’t get to, if you stayed online they would answer questions after official training was over and share answers with everyone
- Training needed not just for workers, but also for admins; some trainings that workers go to that admins are left out of, but would be useful.
- Admins – self-taught, but they are very important; some admins don’t want to do the work and supervisors don’t hold accountable.
- Need to redefine the Admin/Case Worker Assistant (CWA) functions around mobile; some CWAs only do transport, some do IMPACT.
- Need incentive to be a mentor, needs to be advertised and what kind of people looking for; incentive is it helps you reduce your case load because you get help; but now, doesn’t matter what mentor teaches them if it’s not what their unit wants; fixes for lack of mentor program are only within each program area (BAM in Inv, All Stars in FBSS); mentoring that continues after BSD is informal, not in all units
- Need formal mentorship program
- Content: training needs feedback from new workers to inform training,
- No assessment of training effectiveness, bring back exit interviews, - just started, very new – use to improve content; supervisors getting asked something about new workers.
- What would be the right content? Field workers write content from grass roots? Would be more effective, get different ideas and what is effective; current curriculum written by people far removed from field, kind of backwards; need to combine skill sets of what is effective with skill-set of someone who knows how to write curriculum.
- Seniority not always the answer, but always part of the solution
- Absolutely not involve senior execs as trainers – they don’t need to be training. They can train their immediate subordinates, but not the workers

**Supervisors**Problems

- Place person in leadership position before you train them how to be a leader, required supervisor BSD training not happening; no training in people skills,
  - Too little experience, don't understand the agency
  - Mobility – have not reinvented supervision around mobility, workers don't know how to work; the people who have to come in regularly are more functional for meetings, hearings, etc; but really not supposed to be here, only when called in by your supervisor; new workers start telecommuting 3 months after finish BSD; can't just grab student on the way out of office to help out on something, have to set up by e-mails;
  - People don't know/recognize each other
  - HR person is not at hand, they are at state office/HHSC - no support for worker
  - Availability, if one person out, who to contact, in at 8/out at 5, no on-call supervisors
  - Supervisors don't understand how important they are: They are key to making decision: can't make decision until they give the say so, but often can't get a hold of them; supervisor approval is practice (vs. policy), wait for PD to do staffing; - practice issue, not policy
  - Favoritism
  - Some people choose not to be supervisors: don't need that to be fulfilled, no flexibility, no OT, on call, hard to be in office 8 hours when accustomed to be out in the field; need right temperament; right reasons – need to want to help others be better.
  - Supervisor not trained – have an empty spot and unit is running, no one to manage it, need to get someone in it, they have to take over right away regardless whether or not they have the training
  - Some supervisors had history of being bad workers, so moved out of casework to supervisory role
  - Bad workers promoted
  - No follow-up to supervisors to do what PDs expect, expectation is that supervisors do their job, but no follow-up
  - If you're not causing trouble, you are under the radar
  - If something happens, if you screw up, even if you have it written down, leadership may not back you
-

## Potential Solutions to Supervisors Raised by Region

- Reduce fear – through supportive supervisors
  - Supervisors need to be trained about the human factor
  - Discussed as a unit to solve problem – supportive supervisor
  - Equitable treatment, no favorites, gossiping in office
  - Not say “you’re just a worker” “let me put it in words you understand”
  - Supervisors need to know their workers, most don’t know workers’ family, used to be common
  - Supervisors don’t know how to deal with some of their workers
  - Be a little softer, especially see if worker is struggling; if continue to pile on work, they’ll quit
  - Need to be good listeners
  - Understand what is really going on with family, cases
  - We should want for the clients what we want for ourselves

## **Technology**

### Problems with Technology

- Hot spot doesn’t work, need to plug into DSL, but only one plug in shared office
- People think technology solves all the problems – it does not address the human factor issues
- Advanced IMPACT class too late, by then they’ve already figured it out – merging is critical to know, but not taught
- Hours at computer: 5 hours, all day for admin, more time doing paperwork/deskwork, whenever not in court or seeing kids
- Mobile workers can’t access documents in paper file if not in IMPACT: court orders, home studies, med, dent, birth certificate; old cases are uploaded but not organized
- 60-85% time spent as data entry vs. caseworkers
- How make it be 60%-80% time with families? Instead of documenting
- INV in and out, get what they need, document it – barriers to that:
- Still have lot of investigating to do, contacting collaterals, information gathered initially is important later on, have to look at it as though it may continue

### How to Improve Technology

- Streamline – one uniform place to put and find all info; external documentation not being uploaded because it will crash the system; all there for old cases
- All the information is in IMPACT
- Everything searchable
- Organized in a way to find it



- Need to be user friendly for non-computer literate
- Caseworker captures original info, then IMPACT takes it from there: creating forms, affidavits – all info the same, nothing new; information needs to be constantly updated; IMPACT should be able to pull criminal history, tiers report, phone company data, DataBroker, HHS, Accurate, San Antonio PD, AGs office (child support, custody/protective orders),
- Know what policies apply
- Printers/scanners for investigators
- RightFax – allows you to fax an e-mail (Doctor’s offices want paper copy)
- Initial info from Investigations get uploaded from CD
- Enter risk factors – automatically give you resources
- Enter person in person’s list, grab info and create the family tree
- Computer make placement suggestions based on info input on for diff options
- SDM – can’t really do, capture info and do something with it, but decisions are a human thing
- Shot records
- SSN
- Birth records
- Food stamps
- Information entered only once, already in affidavit, don’t need another form, duplication; Common Application is prefilled with a lot of information; currently lots of duplication; do documentation, then need to fill out forms, need to be able to upload from tablets directly to IMPACT
- Increase Upload speed for pictures
- Audio/Video upload
- Travel time: routing trips – tells you most efficient route, but does not take into account scheduling or emergencies that come up.
- In stable full unit, divided cases geographically
- Very personal about our cases, don’t like anyone touching my cases, you have that bond with them, build rapport with kid, only in emergency would I ask a coworker to visit my case; “I spend time with my family, they deserve to have me “ ... in their conferences, can confuse the kids; my families know my co-workers are my back-up,
- Paperwork
- Let agency, state, feds share the same paperwork
- Write narrative for child, do it again for monthly summary, again for closing
- Ability to capture original information – let IMPACT or admin take from there
- Printing and uploading photos
- Enter court dates and IMPACT and put form in file
- IMPACT now: repetition, paper based
- IMPACT new:

If caseworkers can spend more time with family instead of doing paperwork/documentation, then less drama, issues, with family. “If I’m going to do that assessment for 3 kids, I’m not going to put this (laptop) in front me, I’m here to support the family and want to build rapport.” “What is most important, the paper or the people? I maintain it’s the paper/administrative stuff, not the people.” But also, “I have 52 kids; don’t have time to not document online during interviews”

### **Caseworker family life balance**

- No cap on investigations except night unit. CVS worker right now has 52 mothers + children. Should be in 30s.
- Recovery worker: currently have 10. Liaison – is capped, but when I started, there were 60-80 on a work load. County funding often caps load.
- Other units get off rotation, case loads are low. Units that are constantly on rotation, 60-70 cases in a unit, expected to see them in evenings, etc, -> no time for your own family
- BSD workers capped and progressively increase work load. First month no cases, 5<sup>th</sup> week – 2 P2s per week, gradually increase to more cases and P1s and P2s.

### **Support/Fear**

- Brutal treatment of workers if child death: ostracized, no computer access, ugly yelling at workers, uneven treatment – sometimes treatment is very good
- Get child death not be mark of Satan as far as media is concerned
- We care about the press because the State office/legislature cares about the press
- Hard to do your job when public has negative stereotype of you
- Media selective about what they tell
- CPS at its best supporting their workers:
- Text from supervisor – calling for am meeting: had child death, all workers were there to assist, instructed caseworker on how to work with family and accompanied her; meeting with family and siblings, supervisor helped arrange transport, bring in relatives to spend time with family and grieve; nothing pointed at caseworker, focus was on the family; rest of unit helped out with remaining caseload
- No conversation about case until had to do packet for review board, looked at file in IMPACT, nothing brought up in review board as to fault of caseworker or supervisor
- In other units – some parts of job put on hold, done by others in unit.
- Employee counseling, offer time off after funeral
- When fear is promoted: supervisor was not supportive, lost in own emotions, help was delegated to other supervisors, supervisor was inexperienced with emergencies; all about the supervisor not the family or the caseworker

- Aspects that promoted fear: accusations that I must have done something wrong and how come I didn't know; supervisor "response for public consumption, not for correction", even doctor said there was nothing CPS could have done
- If leave child in home and child dies, then CPS is responsible
- Stigma – if have a child death, you will lose your job
- Supervisor: "I don't want to have a child death on my workload" – urban legend that you will get fired, has happened
- Message should be: "We understand that unfortunately some children may die. If you're doing your job, and children die, you won't pay the price."
- Motivation to job: fearful to lose my job, not do good job
- Supportive supervisor
- "you are an admin and you are replaceable"

## **Mobility**

### *Problems with Mobility*

- Going Mobile has taken away the camaraderie
- Mobile system makes it harder for supervisors to know their workers, if worker is struggling and scared to say and you don't see them – how would you know?
- How get rid of fear that someone thrown under the bus?
  - Should be held accountable for what I did
  - But should not be accountable for systemic problem, for doing something I was told to do
  - Spell out what we are individually accountable for.

Mobile system makes it harder for supervisors to know their workers, if worker is struggling and scared to say and you don't see them – how would you know?

### *What works in mobility?*

- Still limited, need every day accountable to somebody, not the case with CPS mobility
- Still have to have physical face-to-face daily, know your people
- 90% of time no one answers their phone, I may or may not return your e-mail, - do not yet have culture of mobility, some workers don't have voicemail on phones; expectations for meetings, conferences – haven't occurred; can never get hold of our supervisors; supervisors not available – need to be in office
- Why don't supervisors answer phone – don't want to deal with conflict; got 24 hours to return phone call or email, so it's not urgent.

- Mobility is a whole new lifestyle
- Change would take years to fix
- Communication works better face-to-face, e-mail, phone not as effective
- Preferred method of communication of supervisors: texting, e-mail, face-time, phone
- Different styles
- Tension between new and old
- Older supervisors not as comfortable with modern methods of communications
- Use of abbreviations and acronyms, then have to testify in court what it means
- Reading online seems to confuse people, miss stuff all the time – better for supervisor to read on paper
- Not generational thing, when supervisor kicks back documents that are not well written – is that a mean supervisor or good supervisor?

## Region 10

### *Investigation*

#### **Process Differences from Baseline**

The Investigation process discussed in Region 10 is not substantially different from the baseline process described from Region 3, however there are some differences. In Region 10, the screener initially assesses a referral to determine if the case should go forward or not, which can take more than 72 hours before the investigator receives the case.

Day investigators are given a TIERS report when they receive the case and look up the family history prior making contact with the family. The night units do not produce the TIERS report until after initial contact with the family (PCSP, Court Order, or if Safety Plan is implemented).

Region 10 investigators do a staffing (sometimes over the phone) prior to home visits and don't do drug tests at the same point in the process as Region 3, to the extent they do drug tests at all (Region 10 does not do drug tests for PCSP placements). Region 10 investigators will staff again before determining if a Safety Plan is needed or not.

The staff in Region 10 has developed a checklist that each investigator must complete before a case is transferred to FBSS. Region 10 also differs from Region 3 in that investigators do not get the CASA form signed until after the 14-day hearing and, once the 14-day hearing is scheduled, if the parent doesn't agree at pre-trial conference they have a date set for the hearing.

**Process Observations**

- The Region 10 investigators talked about the serious common characteristics found in the majority of their cases (serious injury, sexual abuse, gang activity, drug activity, etc.), but also said that they do not check with law enforcement if someone they are visiting is gang related before going to visit a home.
- The amount of involvement that supervisors have in each case varies significantly from supervisor to supervisor. One investigator indicated that there is ongoing staffing with their supervisor throughout the case (calls supervisor pretty much every step they take) even though this is a seasoned investigator. Another investigator said the level of involvement of the supervisor depends on each individual supervisor – “some are micromanagers and some are not.” The Region 10 investigators also mentioned that different supervisors will respond differently to the same facts of a case.

**Assessment**

Region 10 investigators currently do not have extremely high caseloads; relative to the number of cases investigators in other regions that we visited are experiencing (day investigator currently had 17 cases and night investigator currently had 16 cases). However, based on the dialogue that we had with the focus group in El Paso the cases in Region 10 may be, on average, a little more complex than cases in other regions due a number of factors (number children, gang activity, etc.).

The investigators in Region 10 echoed what we have heard in many of our regional visits about the complexity of paperwork making it difficult for them to do their job. One investigator summed it up by saying, “What most all of us don’t like about what we do is all of the paperwork. I love going to see the children, but the paperwork is too much.”

***FBSS*****Process Differences from Baseline**

In Region 10, the process to get a case to FBSS for services starts with an FBSS referral. When the FBSS specialist receives the referral they also receive the time that the case is going to be staffed. Region 10 differs from Region 3 in that the PD is not involved in this staffing and it is not the case that the FBSS supervisor is always involved in this staffing either.

Where Region 3 cases are transferred to a FBSS specialist by 5:00 PM the next business day, in Region 10 this transfer can take up to two week and, once the case is transferred, the children must be seen in five business days.

The Service Plan is done 21 days after the case is transferred in Region 10. Home studies are contracted out in this Region and, unlike Region 3, a Family Group Meeting is only done if there is an issue in the case (placement, another incident, reunification of the family or CPS is trying to ensure safety of the child). The final difference from the Region 3 baseline process map is that investigators in Region 10, not FBSS specialists, usually request daycare forms.

## **Process Observations**

- The FBSS specialists in Region 10 noted that they involve legal staff in some of the staffings once they have determined the child is safe.
- The Region 10 FBSS staff also noted that the boxes on the Region 3 baseline map after the “Type of Case” diamond seem to be in reverse order.

## **Process Assessment**

- The caseloads of the FBSS specialists we spoke with in Region 10 currently have average caseloads of about 11 cases.
- While the average caseload may be a little lower than other Regions that we have visited, the FBSS specialists are challenged by potentially more complex cases and a lack of providers to contract with for services. For this reason, the Region 10 CPS staff attempts to utilize the resources at Fort Bliss and in the community before doing 1054s.

## **CVS**

### **Process Differences from Baseline**

The first process difference from the Region 3 CVS process map is that Region 10 CVS specialists will make initial contact with the parents and contact collaterals for possible placement options at the 14-day hearing. In Region 10, the Permanency Request is automatically generated by attorneys following the Status Hearing.

The determination as to whether the child is Native American or not is done in the investigations phase in Region 10. The CVS specialists in Region 10 do not have to schedule a child visit because the investigator or FBSS specialist will do this the final week that they have the case and the Visitation Plan is usually in place with Status Hearing Report. The Child Plan is updated at five months (or three months if it is a higher level of services).

The box on the Region 3 baseline process map titled “Locate Services in the Community” is done with the Family Services Plan in Region 10. The box titled “File Child Service Plan, Family Plan, Visitation Plan and Medical Consenter” is done at the time of the Status Hearing and the first Permanency Conference is not done until the first Permanency Hearing.

**Process Observations**

- Monthly letters are sent to the last known address of parents that are missing by certified and standard mail. When asked why they send the letters both certified and standard mail the CVS staff said, “We don’t know; it’s a directive with our supervisor.”
- The CVS specialists will continue to do weekly-unannounced visits when children are returned home. The Region 10 CVS specialists will make these visits every week for the first two months and then cut back to twice a month. If these visits go well the CVS specialist will request to be dismissed after six months.

**Process Assessment**

- The caseloads for CVS specialists in Region 10 are averaging about 40 per specialist currently. The PMC unit tries to keep the caseloads for all workers equal.
- Forty percent to 50 percent of children are placed in homes outside of El Paso, which means more travel time (if they are in still within Region 10) or more paperwork if they are placed in another Region.

**Process Findings from Regional Interviews**

There were questions raised by both the staff at the focus group and in the interviews with Region 10 leadership as to whether Region 10 was too big and if it should be broken into two Regions.

Region 10 also has a Program Administrator for all stages of services. Even though it is very difficult for an individual to be a PA for all stages of service, it does appear to help break down some of the silos. “People need to understand that the front end of the case connects to the latter stages.”

Region 10 staff feel like they are sometimes forgotten by the State Office. Little things, such as setting up a conference call for 1:00 (Central Time), which is 12:00 (Mountain Time) and during the workers’ lunch break.

Region 10 has a Special Investigative Unit designated to oversee cases involving the families of U.S. Army soldiers at Fort Bliss. The CPS unit coordinates with the U.S. Army Family Advocacy Program at Fort Bliss through a Memorandum of Understanding that is in place, which is periodically updated. These units have to coordinate on an average of 12 new cases each week; however, they received 300 new cases in the first three months of 2014.

The two units rely on each other because, once an incident occurs, the Army cannot force a soldier’s family into treatment and CPS cannot force the soldier into treatment. Each unit tries to

involve the other unit when a new case comes in as soon as possible so they can coordinate to the greatest extent possible. The Army offers services (parenting, domestic violence, women's support group, anger management, counseling, prevention education, etc.) to the soldiers and their families that CPS utilizes to the greatest extent possible, due to in part to the lack of providers located in Region 10.

Both Region 10 and the Army seem very pleased with the productive relationship that has been established at Fort Bliss and believe that it is assisting many soldiers and their families in a productive manner.

## Region 11

### *Investigation*

#### **Process Differences from Baseline**

The Investigation process discussed in Region 11 is not substantially different from the baseline process described from Region 3, however there are some differences. For example, Region 11 law enforcement, which is housed in the same office building as CPS, is notified whenever an investigator goes to make a home visit. If a known gang member is involved in the case, law enforcement will require that an officer accompany the investigator on the visit.

The investigator will also document in Outlook the type of visit (home visit, school visit, CAC) prior to going out into the field. Region 11 will also do the PCSP and criminal background checks while they are still in the home with the family. If the investigator's laptop cannot get connectivity, the investigator will call the office and have an administrative assistant help them complete one over the phone.

Finally, when referring a case to FBSS in Region 11 differs in that the FBSS supervisor must approve within 24 hours (once Safety Plan and Risk Assessment are complete). If the case goes to Intensive Family Planning (IFP), the supervisor will just route the case to the appropriate staff and designate as "moderate" or "intensive."

#### **Process Observations**

The Investigators talked about how their supervisors will try to make the distribution of cases/caseloads as even as possible. Prior to the initial staffing of the case an administrative assistant will perform the TIERS check, put together a folder, look at the caseloads of workers (including the complexity of the cases each worker currently has, as well as the number of cases) and advise the supervisor on how to assign the case. One investigator indicated that this was not



the way it was done when she worked in another region when cases were distributed on a “next person got it no matter what” basis. This investigator believes taking into account the complexity of the cases more accurately reflects the workload of the investigator. The staff members in the focus group, as well as the supervisors and directors that we interviewed, believe that the teamwork in Region 11 is very good.

The investigators and support staff shared frustration that all of the forms are not stored in IMPACT and that some forms vary from region to region (ex. Courtesy Request Forms). The investigators also expressed frustration at the amount of time they spend entering the same information into IMPACT. They believe “there should be a way that the basic information about a case can be transferred from one screen to another” without the investigator having to re-enter the same information each time.

The investigators also indicated that it takes “hours” to put the case binder together before case is transferred to FBSS, even though the binder is generally only used if the court needs to see records at some point in the future. This also seems to be a burden on the administrative staff in getting the boxes to storage because they can only send 10 boxes at a time (cases often have 30 boxes). The staff we spoke with does not believe this extra work is as critical as spending more time with the family, which would provide better outcomes.

## **Assessment**

Region 11 investigators currently have extremely high caseloads due a number of factors. In 2012, the decision was made to shut down one unit and simultaneously only 10 of 20 potential new hires made it through Basic Skills Development (BSD) training. Along with these two factors a high number of investigators left CPS to become teachers. The investigators that we spoke with have seen their caseloads rise from 15-20 cases to a peak of 85. The caseloads are now down to around 50 (due to the agency allowing unlimited overtime, comp time and hiring investigators that left to teach back as part-time workers), and the investigators are hopeful that the caseload will be “back to normal” (25-30 cases) by June. This is impacting performance as one seasoned investigator said she “only close(s) cases within 30 days about 75 percent of the time.”

Investigators in Region 11 also expressed concern that an investigator never truly has a day off of work. The investigators we spoke to say they cannot go on vacation without supervisors calling and telling them that they need to do something. As one investigator said, “It should be when you are out for a couple of days someone else is appointed to handle your cases. Our unit, we’re on call 24/7. If you leave town you have to have someone covering for you, but often there is no backup.”

Finally, the investigators in Region 11 are concerned that the screening process when cases are first sent to CPS is not effective. While “administrative closures are allowed, they are not done enough.” One investigator said, “We spend so much time investigating cases that are not abuse and neglect.” These cases predominantly involve child custody and support disputes between parents. Another investigator said, “Parents can make up a lie, and everyone knows it’s a lie, and nothing ever happens to them.” This encourages more false reports in the future. The main source of bad referrals is from schools. One investigator explained, “Poverty is not abuse. Some people outside of this building think poverty is a crime. Teachers know how to manipulate the cases to make sure CPS investigates.” These extra cases only increase the workload of the investigators and decrease the amount of time that is spent on the cases where there is a legitimate abuse and neglect issue.

## **FBSS**

### **Process Differences from Baseline**

In Region 11, the process to get a case to FBSS for services starts with an FBSS referral, which can come from the court, CVS, Investigations, other Regions or from inside FBSS. The Risk Assessment is received by an administrative assistant, who forwards the form to an FBSS supervisor, who then assigns the case to an FBSS specialist. The supervisor makes the case assignments on a rotation basis, however the strengths of the FBSS specialists are taken into consideration (for example, Region 11 has a designated Drug Court worker). If an FBSS specialist doesn’t speak Spanish, but then gets assigned a Spanish-speaking case, they go to the supervisor and it is reassigned.

In Region 11 the case is transferred as soon as possible – sometimes it is the next day, other times it is the next week. If the case is a regular case it must be transferred within 7 days, a moderate case must be transferred in 72 hours and an intense case must be transferred within 24 hours.

Before the FBSS specialist visits the family, the determination as to what services the family will be offered is made at the staffing meeting with the investigator, FBSS supervisor and FBSS specialist. In Region 11, the investigator typically coordinates the meeting to set up the case with the family and the FBSS worker.

FBSS has 10 calendar days to conduct an assessment and, based upon the seriousness of neglect, the case will be “labeled regular,” “moderate” or “intense.” The Family Plan of Service (FPS) must be completed within 20 days for a “regular” case and within 10 days for a “moderate” case.

When the FBSS specialist does the FPS they also generate all 2054 forms requesting services. Daycare forms are also completed at this point.

During the period of time the case remains open for services, the FBSS specialist will continue “Contacting Collaterals” and “Visiting the Family” on an ongoing basis in Region 11. The frequency of the family visits that the FBSS specialist will make depends on the case type (regular, moderate and intense).

The FBSS specialist in Region 11 will continue to have monthly meetings with their supervisor throughout the case and continue to update contacts, plans of service, safety plans, case notes throughout the case. Additionally, criminal background checks are run every three months.

In Region 11, home studies are required if the case is non-emergent or removal. Home studies are contracted out. The FBSS specialist will do a referral form for the contractor to do a home study, which is sent to the FBSS supervisor (hard copy and electronic copy) for approval. If referral is approved by the FBSS supervisor, the Program Director must sign off as well. If the supervisor does not approve, they must sign the form and it goes no further.

## **Process Observations**

The process includes a number of steps to enable investigations and FBSS to manage the handoff between the two groups and to explain the transition of CPS workers to the family. The staff we spoke with (investigations, FBSS and CVS) all feel that the families have too many contacts at the agency. “Why do so many workers from the agency have to visit the same people every month? FAD, kinship, CVS, investigations, CASA, ad litem, therapists, etc. all have to do home visits and all have to do reports on the same things.”

None of the forms are written in Spanish, which presents an issue in Region 11 where there is a heavy Spanish-speaking population. When forms are written in Spanish “it uses ‘high-level’ language that the clients can’t understand.”

Some of the FBSS supervisors in Region 11 have access to all cases, while others only have access to their unit. The staff that we spoke with says it would be more helpful if more supervisors had access to more cases.

## **Process Assessment**

Language is a major barrier in a creating relationship with the family that motivates them to take advantage of available services. There is a translation service available but it slows the communication process dramatically. The families are less likely to call their FBSS specialist when they don’t speak their language. Sometimes administrative assistants and human services

technicians are bi-lingual and help out, but they don't get paid for that work. New workers get extra pay for bi-lingual skills but existing workers don't qualify if they take the test and demonstrate language proficiency.

The large size of Region 11 requires significant travel time on the part of the investigator and FBSS specialist. If travel is over 50 miles, the investigator or FBSS specialist is required to get a rental car. "Two years ago a staff member was fired for not getting a rental car when they should have gotten one." CPS staff also gets in trouble if they don't get the appropriate sized car. "Even if they get a free upgrade, they have to explain."

Also due to the large size of Region 11, CPS staff we spoke to mention the money that they have to put up for expenses ("one trip can cost \$500") while waiting for reimbursements is a "huge problem for caseworkers." "Workers are taking out payday loans to be able to pay for expenses and some workers ultimately quit for this reason."

The antiquated nature of IMPACT seems to prevent families from receiving services as quickly as they should when cases are transferred from phase to another. "IMPACT does not allow us to communicate with our own department sections (investigations, FBSS, CVS, etc.). A lot of time goes by and families are just waiting. IMPACT requires deleting/closing open 2054s at one stage of service before case can be transferred to another stage of service."

## CVS

### Process Differences from Baseline

There are many similarities in the overall conservatorship process between Region 3 and Region 11. Like other Regions, many of the variances from the Region 3 process stems from specific requirements made by the courts in Region 11, with the timing of most actions being tied to the next court appearance.

Region 11 CVS specialists said they meet with family at the 14-day hearing (introduce self and give business card) and, oftentimes, will have them come back to the office to address any issues that they would like to address. Region 11 doesn't do a permanency conference like Region 3 mapped. In order to arrange a parent visit the CVS specialist must contact child placement to try to arrange dates and times, as well as complete a 2054 referral form that is sent to an administrative assistant who enters into IMPACT and sends to contractor to do a visit. During this period of time the CVS specialist, CWA, parent, foster parent, and contractor are all coordinating to meet.

Prior to making contact with the children the CVS specialist has to contact the caregiver with whom the children are placed. During these contacts the CVS specialist is trying to get as much information as possible for the child's Plan of Service. Once a home study is approved the CVS specialist has a staffing with their supervisor and PD. If the supervisor and PD approve, court approval is sought.

If there is a placement option out of state, the CVS specialist must complete an ICPC request. If the child is being moved, the CVS must contact current caregivers and new caregivers to arrange the date and time to move the child, current school (to get the records from the school), new school (to give new school records), CASA, ad litem and PD. The CVS specialist must also do placement paperwork and change all of the information in IMPACT, which can take half of a day to complete. Once placement is complete the CVS specialist must enter narrative into IMPACT within 5 days and get to their supervisor. If the information is not entered into IMPACT the State will keep sending money to the previous caregiver.

In Region 11, the CVS specialist then files the Notification of Placement Change, Medical Consenter and School Change forms with the court. Region 11 does random drug tests throughout the case. Region 11 CVS does not have permanency conferences and does not request a Family Group Conference unless it is at renewal or there is a placement disruption. Region 11 CVS will staff cases prior to updating Child Plans. At this staffing the CVS specialist will get permission to switch courses if it looks like the case may be heading toward termination.

The CVS specialist fills out a Circle of Support form and the FGC facilitates the Circle of Support meeting with the education specialist, CASA, attorney, CVS specialist and disabilities specialist. If reunification, the worker will send letters, end placement in IMPACT, open up new stage of service FRE (Family Reunification) and update the Child Family Plan to say that child went home. The letter to parents explains in very simple terms (bullets) what they need to do.

In Region 11 the cases won't necessarily go to the PMC Unit, but will be sent to Adoption instead. If there is money available in the budget a 2054 for will be completed to have a Health, Education, Social, Genetic History (HESGH) completed by a contractor. If no funding is available, the CVS specialist must complete the HESGH (which takes a long time) within 45 days of termination, as well as complete the Adoption Readiness Form. Once Adoption Readiness Form is sent (and its accepted), staffing with the Adoption Supervisor, receiving adoption worker, CVS worker, CASA, ad litem, CVS supervisor is scheduled.

### **Process Observations**

Process for placing children out of state can take three to six months. Process of placing children in other regions in the state can also be burdensome, with each region requiring different

information on the request forms. For example, a Kinship Referral for services goes to Kinship Unit (form, affidavit, home study, Kinship Caregiver Agreement, Kinship Information Sheet). Other Regions require more information and will send back request and make the CVS Specialist resend all of the information again.

The Court in Region 11 has a long list of Standing Orders that CPS must follow, including one that prohibits CPS from talking to children without going through the child's attorney (with the ad litem being the only exception). The court in Region 11 has also, at times, court ordered CPS staff to learn sign language and clean a client's house.

Throughout the process there are letters that are sent to interested parties notifying them of court dates, etc., however, no common letters are automatically generated by IMPACT.

Forms are not saved in IMPACT so the CVS staff saves forms on their H-drives (which they cannot access in the field). The only way the CVS staff can share forms is to save them to their H-drive and email them to each other.

## **Process Assessment**

The Region 11 staff that we spoke with indicates that the community services in the area are lacking ("There are only three community services that are used by CPS in Region 11.").

Region 11 CVS staff reported that coordinating with foster parents to do monthly child visits is more challenging than it needs to be because CVS does not have access to TIERS. This leads to frustration among the staff "because we are all State agencies, but can't work better together." For example, having access to updated addresses that child support has access to would "make our jobs a lot easier."

The licensing process is much easier for a non-relative to be a foster parent or adopt a child than it is kinship foster connections. The relative has much more paperwork and process to complete.

## ***Process Findings from Regional Interviews***

There were questions raised by both the staff at the focus group and in the interviews with Region 11 leadership as to whether Region 11 was too big and if it should be broken into two regions.

## APPENDIX D: CPS TECHNICAL INFRASTRUCTURE

### High level inventory of CPS technical infrastructure

This analysis is not intended to be an exhaustive analysis of the present Texas CPS technical infrastructure and systems, since that work has been ably performed in previous documents for the state. The analysis of information management is meant to dovetail with TSG's focus, as described in this section's preface.

#### *Network, Data, & Hardware*

IMPACT is by far the most important computer application in use at CPS, due to the broad reach of its functionality across the stages of the child welfare process. It houses essential information and stores it in a secure environment to deliver the required functionality to thousands of users.

The IMPACT app is accessible inside the state's network and from the outside, by means of a web browser user interface. A high level view of the IMPACT's application's network layout appears below, characterized as a "general layout of the server configuration," with the access to the app shown on the left for both external and internal users. The "DMZ" (De-Militarized Zone) is shown by a blue box and flanked by two firewalls, indicating the area between the external Internet (shown in yellow) and the protected internal State network (in green). Finally, on the right side of the drawing, the double-headed red arrow shows the databases where information is stored. The State network houses a number of applications besides IMPACT and is described in the text of the Assessment.<sup>127</sup>

The high-level design of the IMPACT utilizes components<sup>128</sup> to function, as opposed to a monolithic system such as older mainframe apps which makes it harder to do enhancements. The component approach makes it more feasible to upgrade an application, avoiding a "rip and replace" approach to improving a system. The IMPACT Modernization takes this iterative upgrade route and will thus enhance selected areas of the application over the next several years.

The State provided the following concise summary of the hardware utilized by IMPACT.<sup>129</sup>

The IMPACT production database system is an Oracle database running on an HP series RX i2800 UNIX server. The IMPACT database processes information from statewide

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<sup>127</sup> DFPS IMPACT Modernization Business Case, 8/26/2013, p. 16.

<sup>128</sup> Some examples of components are the Rules Engine with its attendant database and a Business Process Management (BPM) and its database.

<sup>129</sup> Filename "IMPACT Infrastructure DCS.doc", undated, p. 5.

intake and generates case listings for investigators located in the field offices across the state. The database provides data for State and federal reporting requirements for protective services. Another HP series RX i2800 UNIX server provides IMPACT fail-over capability along with IMPACT's training database. DFPS also operates two Oracle Databases running on HP RX i2800 series UNIX servers to assist in the compilation of data and reporting statistics.

Windows 2008R2 servers provide network logon validation and file/print services. The majority of clients are directly attached to local servers via Ethernet with server connectivity to IMPACT via the wide area network (WAN) at T-1 speeds. Microsoft Exchange and Outlook Mail provide DFPS with basic mail and group scheduling services. All workstations, which access the IMPACT application, are configured with the Windows XP operating system [and higher versions]. The IMPACT workstations are Pentium class devices [and higher].

DFPS subcontracts the operation of its local area networks (LANs) and desktop computer support to an outsourced vendor. To provide access to the DFPS network for our mobile users and teleworkers DFPS utilizes third party vendor mobile air cards connecting via Virtual Private Network (VPN) service directly into the DFPS network.

Additional summarized inventory information is available in the document filename "IMPACT Infrastructure DCS.doc." The document contains high-level information on the data center configuration, IMPACT's logical architecture organized in tiers, the specific software now utilized in IMPACT, information on the data center where IMPACT is hosted, server specifications, development environment details, information on IMPACT testing, and a listing of the various environments required to maintain IMPACT (e.g., Production, Testing, QA Testing, and Development).

Please see Appendix F for information on the computers utilized by field workers and the software configured for the computers.

### *Software*

The IMPACT application is described as follows. Of special note is the fact that the IMPACT app not only serves as CPS's SACWIS app, but also addresses APS adult protective services and CCL licensing business needs.<sup>130</sup>

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<sup>130</sup> Filename "IMPACT Infrastructure DCS.doc", undated, p. 1.



IMPACT (Information Management Protecting Adults and Children in Texas) is a web-based Statewide Automated Child Welfare Information System (SACWIS). In August 31, 2003, it replaced DFPS's client server application CAPS (Child and Adult Protective System) which had been in service since 1996. IMPACT allows staff to record and process all case-related information beginning at intake and ending at case closure. It is available statewide 24 hours a day, seven days a week and supports all aspects of CPS (Child Protective Services) casework from intake to post-adoption services. The accessibility of all case-related information enables increased maintenance and monitoring of CPS cases. IMPACT also supports Adult Protective Services and Residential Child Care Licensing casework.

The IMPACT application has over 6 million lines of code that implements approximately 200 web pages, 110 reports, and 140 forms. The application also has approximately 85 batch modules coded in MicroFocus COBOL and PLSQL. These modules send data to and receive data from other DFPS applications and applications in other agencies. The database is currently 800 Gigabytes. It grows at approximately 4 to 5 Gigabytes per month. In addition, IMPACT has approximately 1.5 Terabytes of case related digital images. The digital images increase at a rate of 60GB per month.

As of August 31, 2003, DFPS was the first statewide implementation in the United States of a fully enabled, browser-based SACWIS application.

### *Assessment*

Personal observations of the IMPACT and its documentation offers proof of a substantial software application with wide-ranging features.

The network performance appears to be reliable and sufficient for most workers to perform their jobs while in the CPS office. Approximately 40% of the CPS office locations throughout the state have dedicated T1 lines. In the other locations, the case workers report some periods of slow performance at peak times of the day or times of the month when large numbers of users are on the network. The case workers also work remotely, via Wi-Fi. The quality and speed of the Wi-Fi connections vary significantly throughout the state with more rural areas reporting certain locations of "dead zones." As anyone who has driven across the state knows, there are certain areas where cell phone service is spotty and these correlate with the pockets of poor Wi-Fi connectivity.

## Strategic Technology Plan

### *Description*

We have not found an overall Strategic Technology Plan for DFPS or CPS. There are several documents we examined that outline the business case and the approach for IMPACT Modernization which include a long-term direction for this application. For purposes of a long-term business plan, the “Texas Health and Human Services Strategic Plan 2011-2015” was utilized in the analysis.

### *Assessment of Alignment with the Current Strategic (Business) Plan*

The following passages from the HHSC Strategic Plan referenced IMPACT. The first section deals with “4.B Describe agency strategies to develop and deploy applications more efficiently (i.e., through Cloud Computing, Software as a Service, Application Toolkits, Legacy System Modernization.)”

“Mobile Caseworker gives caseworkers instant access to all tools and information available on the LAN using tablet computers. This portability allows caseworkers to carry the computer with them into homes, schools, and businesses. IMPACT, CLASS, and CLASSMate are examples of developing and improving applications for field use. These applications are beginning to use Internet interfaces to allow not only caseworkers but also the clients of DFPS access to tools and information.”<sup>131</sup>

“Texas Attorney General (AG): IMPACT receives reports of court ordered child support for children in foster care.”<sup>132</sup>

“Texas Youth Commission (TYC): IMPACT sends and receives data to TYC to recoup IV-E eligibility federal money for TYC.”<sup>133</sup>

“Texas Juvenile Probation Commission (JPC): IMPACT sends and receives data to JPC to recoup IV-E eligibility federal money for JPC.”<sup>134</sup>

“Third Party Reviewer Interface: IMPACT sends and receives information from Youth for Tomorrow regarding children in foster care whose level of care needs to be established or reviewed.”<sup>135</sup>

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<sup>131</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 218.

<sup>132</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 222.

<sup>133</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 222.

<sup>134</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 223.

<sup>135</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 223.

The HHSC Strategic Plan also lists high level benefits and benchmarking that addressing “IMPACT Operational Enhancements.”<sup>136</sup>

- **Anticipated Benefit:** This project involves continued enhancements of the web-enabled Information Management Protecting Adults and Children in Texas (IMPACT) system. These enhancements are necessary to respond to federal requirements and the legislative mandates to improve system usability and to continue effectively supporting service delivery.
- **Innovation Best Practice Benchmarking:** DFPS continues to move toward more Internet based applications, including the ability for the public to submit childcare application forms and the ability for them to check online the progress of that application.

Both Strategic Plan high level sections are aligned with the operations and development efforts of DFPS and CPS. DFPS and CPS are deriving the benefits envisioned in the Strategic Plan, including the benefits that stand to be gained from the upcoming Modernization work.

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<sup>136</sup> HHSC 2011-2015 Strategic Plan, Vol. 1, p. 232.

**APPENDIX E: TECHNOLOGY SURVEY FEEDBACK**

Technology Survey Feedback from Regions 2, 6, 8, 10 and 11 is shown in Table 53.

Table 53 - Technology Survey Feedback

Functionality	Field Feedback from Regions 2, 6, 8, and 11
1a. Tablet likes	<ul style="list-style-type: none"> <li>• Ability to work outside of the office</li> <li>• It's convenient to be able to work anywhere, anytime</li> <li>• I can work from home</li> <li>• Convenient, easy to use, transportable, Wi-Fi accessible, reliable</li> <li>• Mobility</li> <li>• Portable</li> <li>• It works</li> <li>• Useful at times, lightweight, easy access, quick to get results, keyboard and mouse for when in office, allows mobility, helps with documentation, helpful when transporting a client and need a 2054</li> <li>• PD Admin – has desktop, supposed to get GoToMyPC to have access at all times, but it doesn't always work</li> <li>• Technology is up-to-date</li> <li>• Windows journal</li> <li>• Easier and mobile</li> <li>• Everything; very convenient to have on hand for information I need to look up or input</li> <li>• Can work from home or document a visit</li> <li>• Being able to work at other locations, not only at office</li> <li>• Sign forms on it, make any form a writable form, Wi-Fi, audio recorder</li> <li>• Length of time to boot up and all updating needed</li> <li>• It is mobile and the ability to document from various locations.</li> <li>• That I can take it home with me</li> <li>• I like the programs that are given to us and that we can record. We are able to connect to internet.</li> <li>• (crossed out laptop to say tablet) – It's lightweight and fair size screen.</li> <li>• Weight and able to access apps a little quicker</li> <li>• Can work from home and the mobility</li> <li>• That its mobile</li> </ul>
1b. Tablet dislikes	<ul style="list-style-type: none"> <li>• When it runs slow or has problems</li> <li>• When it's on the blink, no one really knows what to do. Have to search for an answer.</li> <li>• A little bulky and I would prefer a Tablet PC again but it's still better than a desktop</li> <li>• No need for the tablet function. Would rather have a build in DVD burner.</li> <li>• Upgrade process – was not told audacity changed</li> <li>• Keyboard and screen are too small</li> <li>• Crashes, slow if not on broadband, difficult to sign onto certain tasks, BSD trainers want you to use all tablet's instruments – distracting at visits, hot spot not always connected, no</li> </ul>

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<p>CD player, can only connect to a CPS printer, slow connectivity</p> <ul style="list-style-type: none"> <li>• Keeping it secure</li> <li>• Not having access to basic programs</li> <li>• The screen is too small when using in the office. The laptop does not allow viewing of police interviews.</li> <li>• The laptop is too heavy to carry around everywhere.</li> <li>• Battery life</li> <li>• Loading process may be a little slow</li> <li>• The requirement to take notes when interviewing the child and parents</li> <li>• Not able to view certain CDs</li> <li>• I prefer a desktop</li> <li>• Small screen</li> <li>• The Handwriting to Text software could be better</li> <li>• Signatures to documents in journal cannot be legally used</li> <li>• Battery life</li> <li>• Have to take it with me everywhere I go, can't leave it in the office. Have a laptop, not a tablet</li> <li>• Problems connecting through hotspot</li> <li>• Battery life</li> <li>• Accessibility to things I may need</li> </ul>
<p>1c. Laptop battery life</p>	<ul style="list-style-type: none"> <li>• A full day of work – typically 6.5 hours of life</li> <li>• Minimum</li> <li>• 2-4 hours</li> <li>• No issues</li> <li>• 5 hours</li> <li>• Adequate for my role in FGDM</li> <li>• Great if charged correctly, n/a - have car charger, no problems, 3-4 hrs. on regular battery/addl. 2-3 hours on extended battery, 2 hours if fully charged</li> <li>• Maximum life, never experienced any issues</li> <li>• Usually half a day</li> <li>• I believe it's 4 ½ hours</li> <li>• Good</li> <li>• 4-5 hours</li> <li>• Average</li> <li>• 3 hours max</li> <li>• Without charges 3-4 hours of documenting or service plan creation</li> <li>• 1 hour average minimum if fully charged. 2-3 hours maximum</li> <li>• One hour without external battery. Three or four hours with external.</li> <li>• Anywhere from 2 – 3 hours</li> <li>• Depends 1 ½ hours depending on how many apps are open</li> <li>• Max 4 hours, but if using all features much less.</li> </ul>
<p>2a. iPhone</p>	<ul style="list-style-type: none"> <li>• Calendar and email. Love being able to check my calendar without logging into my</li> </ul>

Functionality	Field Feedback from Regions 2, 6, 8, and 11
apps used	<p>computer or constantly updating a paper calendar</p> <ul style="list-style-type: none"> <li>• Maps, scan to PDF</li> <li>• None currently</li> <li>• Phone, email, texting, camera, things to do</li> <li>• Google maps, calendar, mail, secure ID</li> <li>• Email (Outlook), maps (love those)</li> <li>• Email, maps</li> <li>• Email, text messages, maps</li> <li>• e-mail, text, call (no access to great apps), Scan-T, google maps/addresses, scan to pdf, safari, voice menus, RSA, security to get token to connect to network, camera</li> <li>• Admins do not have access to Outlook because not issued iPhone. Would be helpful to have access to e-mail and calendar, though don't need phone</li> <li>• Google Maps, Bing search</li> <li>• Maps and e-mail</li> <li>• Maps, Gas-buddy, mail</li> <li>• Maps, Bing, internet, google search</li> <li>• Pdf scanner</li> <li>• Hotspot, email, texting</li> <li>• Outlook, maps, calendar</li> <li>• Email, text and google maps</li> <li>• Maps</li> <li>• Maps, scan documents</li> <li>• Google maps</li> <li>• Email, calendar</li> <li>• Maps, google, email, photo camera</li> <li>• Google maps</li> <li>• Email</li> </ul>
2b. iPhone likes/ dislikes	<ul style="list-style-type: none"> <li>• <u>Likes:</u></li> <li>• Apps, able to communicate better with clients</li> <li>• Like that it helps track appointments</li> <li>• Like being able to remotely connect with a secure connection</li> <li>• Admins do not have access to Outlook because not issued iPhone. Would be helpful to have access to e-mail and calendar, though don't need phone</li> <li>• Google Maps, Bing search</li> <li>• Maps and e-mail</li> <li>• Maps, Gas-buddy, mail</li> <li>• Maps, Bing, internet, google search</li> <li>• Pdf scanner</li> <li>• Hotspot, email, texting</li> <li>• Outlook, maps, calendar</li> <li>• I like that google maps is accurate 99% of the time.</li> </ul>

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> <li>● <u>Dislikes:</u></li> <li>● Google maps does not talk to you like Siri in iPhone 5</li> <li>● scan-T to PD does not work well</li> <li>● sometimes google map addresses incorrect</li> <li>● Cell phone often has to be refreshed by IT dept.</li> <li>● Email can be difficult to read, attachments too small to be useful</li> <li>● Not enough useful apps</li> <li>● Signal</li> <li>● As for an email, not being able to see personal folders from desktop</li> <li>● I don't like that the voice doesn't pronounce street names correctly.</li> <li>● Easy read, but not able to access full calendar with my program</li> <li>● The iPhone is too small for me so I prefer to use my personal phone.</li> </ul>
<p>2c. Additional things would like to do on iPhone</p>	<ul style="list-style-type: none"> <li>● Camera, checking email</li> <li>● Basic IMPACT data</li> <li>● Check jail website</li> <li>● Yes, but I don't know how to do other things</li> <li>● Spanish/English translator</li> <li>● Facebook</li> <li>● I use my personal smart phone for other apps</li> <li>● Facebook to check on bad parents</li> <li>● Access to IMPACT to quick info like addresses or case numbers</li> <li>● Scout for maps</li> <li>● It would be nice to document on the road and e-mail to yourself</li> <li>● Scanning</li> <li>● Connect to home printer</li> <li>● Have documents loaded on phone and accessible for printing</li> <li>● Random Moment Time Studies – to be able to access them and have workers complete them</li> <li>● Ability to upload from phone to IMPACT without having to connect them</li> <li>● Dragon App would be very useful</li> <li>● Fine the way it is</li> <li>● Fax from iPhone</li> <li>● Have access to IMPACT</li> <li>● Verbal documenting and download to laptop for IMPACT</li> <li>● I would like to be able to enter address in maps and have it track my mileage, so I wouldn't have to do a separate expense report.</li> <li>● We need more apps to help do more access when in the field or having to think on your feet</li> <li>● Skype. I have children placed in other regions that Skype with their parents. I have to use my own personal device.</li> </ul>

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> <li>• Track mileage</li> <li>• IMPACT app; EMS app; sync; smile app; some games to have children play while need to talk to the parents in the field</li> </ul>
<p>3a. IMPACT data - duplication across forms?</p>	<ul style="list-style-type: none"> <li>• PPM window has much tedious info (where meeting was held, date, time...) that has to be entered for each child every time FGC or PC is held. Why not somehow copy to all sub stages?</li> <li>• Yes, permanency is in 3 different places – child plan, court report, and monthly summary</li> <li>• Yes, forms for everything</li> <li>• Criminal history, allegation window, investigation conclusion, contact w/ investigations conclusion summary</li> <li>• Yes, the same information must be entered multiple times – safety, risk, allegations, contact narrative</li> <li>• Not in my specialty, but I realize there is in the caseworker specialties</li> <li>• Yes, name, IMPACT person ID # must be copied and posted to multiple forms</li> <li>• Yes:</li> <li>• Family personal information</li> <li>• Demographic info</li> <li>• Addresses</li> <li>• Phone numbers</li> <li>• Social security</li> <li>• Info about child</li> <li>• Same forms for kids, need to go paperless, sign on tablet</li> <li>• Safety plans</li> <li>• Date of Birth</li> <li>• Lots of paperwork is also duplicated in IMPACT</li> <li>• Narratives, medical and dentals, contacts, several forms can be prefilled with that info</li> <li>• Many of the sign-in requirements for some of the specialized services provided will require 2 or 3 sign-in sheets</li> <li>• Much of the information requested in some documents request the same information at least twice within the document (Permanency Conference notes, for example)</li> <li>• Yes; once the data is already in IMPACT, is should be able to populate any form being used</li> <li>• Family information, contacts, placement forms</li> <li>• Yes, repetitive information on family service evaluations/narratives</li> <li>• Yes, information can pre-fill from IMPACT if forms were located in IMPACT</li> <li>• Data on safety assessment, risk assessment and investigations is usually duplicated</li> <li>• Yes; removal paperwork, we do a PCSP &amp; safety form when we do voluntary placements</li> <li>• Yes; person information, documentation done same things several places and times</li> <li>• Yes – placement paperwork, summaries, contacts, and /or any other narrative, background checks.</li> <li>• Information in a child plan of service, court reports, monthly summaries and FTF contacts</li> <li>• Yes, every form ask for a PID, name and SSN – things that are already in IMPACT Child safety is documented in our visits and interviews but we still have to complete a safety</li> </ul>



Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<p>assessment.</p> <ul style="list-style-type: none"> <li>• Identifying information (name, DOB, SS#, address, phone #, race, ethnicity)</li> <li>• Yes, everything on IMPACT is duplicated from each stage of service; SMILE &amp; IMPACT are not linked; uploading time consuming; safety plan/risk assessment; closing summary; contacts in IMPACT answer all the same questions</li> <li>• Several forms must be filled out in different stages of service that have the same information (and all this information is already in IMPACT). A pre-filled out form should be considered.</li> <li>• FBSS referral form and risk assessment form also the assessment form done by the FBSS worker.</li> </ul>
<p>3b. IMPACT data entering process, duplication across steps</p>	<ul style="list-style-type: none"> <li>• Between contact info and name fields of Risk Assessment. I presume between a workers contacts and monthly reports and summaries.</li> <li>• Risk Assessment, safety assessment, investigations conc/allegations/contact narrative</li> <li>• Narrative documentation, safety assessment, risk assessment, investigation conclusion page, allegation detail page</li> <li>• Referral to any FBSS, CVS; information gathered</li> <li>• Would be great if court/legal docs could be uploaded into IMPACT and then attach as needed</li> <li>• IMPACT to stay online and info at caseworkers fingertips, paper files are lost forever after investigation closed</li> <li>• Turn on computer – connect to internet – connect to RSA – enter token – open office – wait to update – open IMPACT – enter password – go to case – click on tab (is this what you’re asking?)</li> <li>• Closing summary</li> <li>• Monthly summaries, FTF contacts, collateral contacts and all duplicated. If documentation was accurate, no monthly summary would be needed.</li> <li>• The allegations tab lists the decision that was made in the case. We then have to put risk factors and how risks were controlled in the risk assessment and then in the final pack for closure. You have to list again the summary of dispositions in case and how you were able to close the case and the reason it is/isn’t going to services.</li> <li>• The forms not the same across region; FBSS expect investigation to complete tasks.</li> </ul>
<p>3c. IMPACT safety/ risk assessment vs decision making factors</p>	<ul style="list-style-type: none"> <li>• All risk/safety determined before completing the risk assessment</li> <li>• The risk assessment determine the factors after the short term safety is in effect</li> <li>• The risk assessment is only a summary of decision made</li> <li>• No one really uses the safety/risk assessment to do casework, just a form to complete for no reason</li> <li>• This info is useful to prepare for cases and meetings</li> <li>• Very subjective; safety assessment very Yes/No, outcome already decided with supervisor when completing SA; risk assessment subjective – all icons</li> <li>• CVS would like this easily accessed in the FSU stage instead of having to go into the Inv stage</li> <li>• Risk assessment asks a lot of duplicate info like criminal, CPS history. This should carry over from previous case since it’s always a risk when it’s marked yes on any case and we should</li> </ul>

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<p>be able to modify the answers with current documentation</p> <ul style="list-style-type: none"> <li>• The decision making factors are always listed in the safety plan and risk assessment but all of this information is listed in the documentation in case.</li> <li>• Same questions on both; case summary same as risk assessment; section on risk we don't use.</li> </ul>
<p>4a. Slowness with IMPACT?</p>	<ul style="list-style-type: none"> <li>• The upstairs offices/cubicles in the Brownwood office are horrible!</li> <li>• Sometimes</li> <li>• When connected to DFPS Wi-Fi</li> <li>• Yes, changing from one window to another; afternoons</li> <li>• No, better now</li> <li>• Not very often. A reboot seems to correct it when it occurs.</li> <li>• Yes, slow with uploading pictures, saving narratives</li> <li>• Yes – batch processes run at night, Caseworker works at night so unable to get work done during batch processing; initial CPOS and FPOS will often fail to save;</li> <li>• Yes – IMPACT does not load when trying to access form for meeting in evening or early morning</li> <li>• Yes – when pulling case record mid-mornings</li> <li>• Yes – uploading photos on hotspot; mainly document after 5 pm at home</li> <li>• Yes – can't pinpoint exact time, but usually when need info ASAP</li> <li>• Yes – no specific times</li> <li>• Yes – freezes up or shuts down at least 2x/month</li> <li>• Yes – when out in the field/different areas of Houston, does not work in outlying counties; slow to upload pictures if not in office</li> <li>• Downloading pictures</li> <li>• Uploading old cases that have been scanned in</li> <li>• Yes, but not associated with particular time or activity</li> <li>• Yes, when network is slow; when using the iPhone as a hotspot IMPACT becomes almost useless at times</li> <li>• Works well at the office, takes longer when documenting at home in evening</li> <li>• Yes, at random times it is just slow or down</li> <li>• Occasionally slow, but generally fine when I'm at work</li> <li>• Yes, depending on location where you are attempting to connect</li> <li>• Yes, at different times throughout the day and even in the evenings</li> <li>• When using the hotspot</li> <li>• Yes in the morning and/or if there are computer updates going on in the office.</li> <li>• Yes, mostly in the afternoons when there are many people on the server.</li> <li>• IMPACT is slow in the mornings. It always take a long time to download pictures.</li> <li>• Yes, Monday mornings or towards the end of every month is when I experience the most slowness.</li> <li>• Yes, very much. IMPACT can be down for hours at a time. Happens frequently and randomly.</li> <li>• Hotspot is slower than office dock. IMPACT is slower on hot spot; uploading picture on hot</li> </ul>

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	spot takes hours. <ul style="list-style-type: none"> <li>• Yes, mainly in the morning</li> <li>• Monday mornings and Fridays</li> </ul>
4b. Connect to home printer?	<ul style="list-style-type: none"> <li>• I have no idea how to do that and I'm scared to try</li> <li>• Not willing to give free supplies to the State. Not reimbursed for ink and paper.</li> <li>• No – policy</li> <li>• No – security does not allow uploading printer to tablet</li> <li>• No – not allowed to install anything on computers unless provided by agency, have no scanners, not allowed to use our own</li> <li>• No – told could not, no additional funds given for paper or ink</li> <li>• No</li> <li>• Not able to connect to home printers because don't have administrative rights to add software; impossible to connect wirelessly</li> <li>• No, not allowed to add software not given. Can print from state-issued printer, but getting replacement ink from the State takes a while</li> <li>• No, don't have a printer</li> <li>• No, don't have permission to do this, but would be a big help</li> <li>• Don't want to have to pay for ink at my expense</li> <li>• Yes, and I use it.</li> <li>• No, we can't load any new software</li> <li>• I don't use my personal computer laptop for work</li> <li>• Yes</li> <li>• No, the software is not compatible and we are not allowed to add software to the computer</li> <li>• No, because I require administrative permission</li> <li>• No, ink prices</li> </ul>
4c. Security hoops to access IMPACT from home/Wi-Fi café?	<ul style="list-style-type: none"> <li>• I just connect to my home Wi-Fi and the token from state. I have been surprised how easy it is.</li> <li>• Must access Wi-Fi and then enter passcode to connect and then enter password to enter IMPACT</li> <li>• Secure ID c</li> <li>• RSA to connect secure id</li> <li>• Pretty easy – just takes a few minutes</li> <li>• RSA to connect – not hard</li> <li>• RSA</li> <li>• Personal hotspot</li> <li>• Home Wi-Fi works better than hotspot, enters RSA password from iPhone</li> <li>• Connect to wireless – enter RSA number – run H&amp;S drives – access IMPACT to log in</li> <li>• Not difficult – create hotspot on phone, connect using token code</li> <li>• No problems</li> <li>• Not a lot if you use the hotspot</li> <li>• None, if you use your work laptop</li> </ul>

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> <li>• Connect hot spot and input access code</li> <li>• No issues or concerns</li> <li>• Can't connect to an insecure Wi-Fi at a restaurant or Starbucks doesn't work</li> <li>• VPN – we are not able to access any internal information without VPN</li> <li>• It is easy to connect to the Wi-Fi at my house</li> <li>• I cannot access IMPACT from any other computer unless it's my tablet. However I can easily access my Wi-Fi anywhere as long as I have my iPhone to prove a RSA token.</li> <li>• Once I set up one time, it's pretty fast; audio connect.</li> <li>• Usually use own hot spot on the phone</li> <li>• From home, just need to use my home Wi-Fi</li> </ul>
<p>4d. Use tethering? Work well?</p>	<ul style="list-style-type: none"> <li>• Good most of the time</li> <li>• Yes, but it can take time to make the connection and the work is lost if it fails</li> <li>• Rarely as it drops the connection most of the time</li> <li>• Yes, sometimes outer counties don't work</li> <li>• Very slow but is useful in the client's home</li> <li>• Great once you get the connection but you have to try several times</li> <li>• Yes – varies</li> <li>• Yes – works well in Harris Co, use it all the time</li> <li>• No problem using hotspot when needed, don't use computer often in field</li> <li>• Works fine at home, never done in a public setting</li> <li>• Don't use, use personal hot spot via USB or Bluetooth</li> <li>• Not installed on her phone yet</li> <li>• Don't want to have to deal with it because of problems that sometimes occur</li> <li>• Have trouble with hotspot connecting depending on what side of town or where you are inside building</li> <li>• Yes, works slowly, depending on where I'm working from; works better to use my own Wi-Fi from home</li> <li>• Usually works well, unless in a spot with limited connectivity</li> <li>• Yes, have no problems</li> <li>• Always disconnects, slow</li> <li>• Yes, when Wi-Fi is not an option. Hot spot works well if your laptop is able to connect.</li> <li>• Yes, works well</li> <li>• Yes, it works sometimes but it drains the battery on my phone</li> <li>• Yes, I haven't had issues connecting since the upgrade; but I do have to go in and turn off and on my hotspot a few times before I connect.</li> <li>• Hot spot never works when an emergency is going on; hit or miss</li> <li>• I do at times but the connection is not very good.</li> <li>• I have not tried this</li> </ul>
<p>5a. IMPACT – how hard to find prior case info, critical</p>	<ul style="list-style-type: none"> <li>• Not hard – if you have the patience to navigate your way to each case and thru each case to get the overall picture</li> <li>• Lots of steps</li> <li>• It's not hard most of the time. Sometimes you have to try several times to search.</li> </ul>

Functionality	Field Feedback from Regions 2, 6, 8, and 11
data needed to find prior info	<ul style="list-style-type: none"> <li>• Previous history on family and/or placement to determine if appropriate</li> <li>• Have to know what you are doing</li> <li>• In FGDM, it might just be contact re most recent FTM/FGC if it is a repeat client. No issues locating the contact field.</li> <li>• Very hard; even with data elements, not all history is in the same place</li> <li>• Admin Tech enters info on prior cases (They need a big raise). R/O/RTB history, extended family, protective people</li> <li>• IMPACT easy if all info provided, can't gather prior history if no info provided</li> <li>• Once case is batched and sent to RIO, have to request and wait for paper case</li> <li>• Can be difficult due to no merging of duplicate person's records. Have to look at each individual record under that name to see if it is person you're looking for</li> <li>• Very difficult: many cases merged into one, to get full picture have to go through each stage and reach each month's narrative</li> <li>• May not have been added to IMPACT</li> <li>• Not hard if entered appropriately in first place; need name, DOB, SSN, correct spelling and dates</li> <li>• Not hard, just cumbersome; too much info to sort through</li> <li>• Need correct spelling of name, DOB, address; sometimes client names not correct</li> <li>• Extensive history – worker has to go through every single case to find it instead of one place with all the history</li> <li>• Because of the length of time I have been with the agency, I have a fairly clear idea of how to assess historical information</li> <li>• If case history is long or investigator did not input all information, case mining becomes time consuming</li> <li>• Have to know how to navigate through IMPACT to find it</li> <li>• Pretty difficult at times: social security numbers, maiden name, date of birth</li> <li>• At times it's hard to locate old cases, needs to be easier to search for previous cases</li> <li>• Need correct spelling of names, prior names client may have used, correct DOB, SSN</li> <li>• The way history is entered into IMPACT has changed over the years, makes it difficult to navigate, especially for newer workers</li> <li>• A lot of the time case is not merged or people are not merged and you have to search</li> <li>• Difficult when history too old and no longer on IMPACT; what I may need to know is disposition of history and the allegations</li> <li>• Accessing prior case information is important for me</li> <li>• You need to know how to navigate through impact. There are several ways to look up history.</li> <li>• The newer files that are scanned into the system are easily found on eFile but there are a lot of extra papers to decipher because reports that are already in IMPACT are scanned and it would be about 400 pages.</li> <li>• Ugh, if the case history is later than 7 years, I will not be able to access it electronically. I need to have access to all history in order to assess appropriately. Sometimes waiting four PDF files takes too long.</li> <li>• It's not hard but time consuming. Most of the time the PID info is incorrect or when data is</li> </ul>

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<p>found documentation is very basic info.</p> <ul style="list-style-type: none"> <li>• No issues as long as you have name, last name, common names, city and DOB</li> <li>• When I'm helping a CW look thru the files, I am not able to get to other prior case info</li> <li>• It's easy to navigate; however, if the same name is entered with a new PID being created, IMPACT doesn't capture that the name was previously entered therefore duplicating same names.</li> <li>• If a case has not been merged properly, you need to go through various screens &amp; look for DOB, exact name, and if possible address of child.</li> </ul>
<p>5b. IMPACT – how hard to print prior cases</p>	<ul style="list-style-type: none"> <li>• No simple way to print an entire case</li> <li>• Once you have located it, it doesn't take long. You can print an entire case.</li> <li>• Open the report and print. If cases have been merged, it is much more difficult.</li> <li>• Not very hard, just have to click into the different cases</li> <li>• Have to go into each case and print documents</li> <li>• Can print investigation reports with one button: entire investigation, person list, allegations, safety/risk assessment; prints contact narratives for FSU/SUB and FDSS cases</li> <li>• Yes, it's called "case history of investigations' can also print all contact summaries from "print contact narrative"</li> <li>• No, there is no history</li> <li>• Not hard, but can be time-consuming</li> <li>• OK</li> <li>• There are several different tabs. Investigation narrative, contacts and investigation conclusion, depending on how much information you want</li> <li>• Not hard, time depends on history</li> <li>• No, you have to go into each case to print</li> <li>• Very time consuming, no way to print entire history; if have family with extensive history, must go into each case to print investigation report</li> <li>• Not too difficult, usually get assistance from Admin Asst.</li> <li>• Have never tried because we would have to go in every case stage separately</li> <li>• Each section of the case is printed individually. There are no easy buttons in IMPACT.</li> <li>• I don't know if a place to "print" an entire prior case. There is not a simple print case. You must navigate through the stages of service.</li> <li>• It is easy to print the reports but if the PID numbers are not merged the history will not be under the same person. The history is done different depending on supervisor or unit. It would be beneficial if it can pull allegation and disposition for all cases.</li> <li>• It depends on how many prior cases you are trying to print. I wish there was a "print case" feature.</li> <li>• Access is easy, less than 1 hour. No print case functionality is available.</li> <li>• Takes time. Have to go into each case; if case sensitive, only certain people can access.</li> </ul>
<p>5c. IMPACT – how hard to copy data from child to child</p>	<ul style="list-style-type: none"> <li>• Very time consuming process and has to be done for each individual.</li> <li>• Too many steps</li> <li>• I don't think it is possible</li> <li>• Pain in the Butt!! Worst design I have ever seen for something that should be so easy.</li> </ul>

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> <li>• You have to go to each person to add</li> <li>• Easy</li> <li>• Not difficult</li> <li>• Would be easier if could push a button “same as sibling/caregiver”</li> <li>• Not hard</li> <li>• Have to go into each child’s person detail page to update/change info</li> <li>• Not hard, just time consuming; navigating between tabs and stages, etc.; would be great if there was one page for a case with name, DOB, SSN, addresses, case and cause #s</li> <li>• No, there is no history</li> <li>• Not hard, but can be time-consuming</li> <li>• OK</li> <li>• There are several different tabs. Investigation narrative, contacts and investigation conclusion, depending on how much information you want</li> <li>• Not hard, time depends on history</li> <li>• No, you have to go into each case to print</li> <li>• Very time consuming, no way to print entire history; if have family with extensive history, must go into each case to print investigation report</li> <li>• Not too difficult, usually get assistance from Admin Asst.</li> <li>• Have never tried because we would have to go in every case stage separately</li> <li>• As long as the previous info is opened in another tab, copy and paste is not too hard.</li> <li>• There are ways to get around the complexity of this if you open more than one IMPACT at a time to copy and paste.</li> <li>• It is not easy. All info has to be entered one child at a time.</li> <li>• It takes forever. It would make it so much easier if I didn’t have to do each child one at a time.</li> <li>• I do not copy data at my stage of service, however when I want to read history the accumulation is very easy.</li> <li>• Notable</li> </ul>
<p>6. Use IMPACT Mobile (MPS)? Likes? Dislikes?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Don’t use</li> <li>• No, not trustworthy. Lost too much documentation.</li> <li>• Some, don’t always know when out if the field going to do a different case and you didn’t download it</li> <li>• Don’t use</li> <li>• No. Waste of time when can just pull up IMPACT</li> <li>• Never! Too much work!</li> <li>• No</li> <li>• Never</li> <li>• No</li> <li>• No</li> <li>• Never: you have to check out cases document, then can’t save and submit them, then have to check them back in; no point when can just log into IMPACT and do everything I need</li> </ul>

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> <li>• No</li> <li>• Occasionally; allows documentation to be input faster</li> <li>• Yes, I love MPS. I wish I could do more on it. Start 2054s, start child plans and family plans</li> <li>• No. I don't use MPS</li> <li>• No, do not use.</li> <li>• Don't use, especially since connecting through hot spot is easier to connect to internet and use IMPACT; don't trust that it will save all info</li> <li>• Yes, love it</li> <li>• No</li> <li>• No. Waste of time. I rather document directly into the case file.</li> <li>• No – now that we have the hot spot MPS is not useful.</li> <li>• I don't use MP unless I do not have access to hotspot. I don't like that you have to plan ahead and sync cases. It would be nice if we could document a new case in MPA to meet the 24 hour guidelines.</li> <li>• No, it is not worth the hassle. MPS takes too long to sync and what I can do to my case is too limited.</li> <li>• No, hotspot now. MPS you have to be docked into office internet.</li> </ul>
7. Technology to improve field work?	<ul style="list-style-type: none"> <li>• Audacity is transcribed into IMPACT contact, then there would be no question about what questions were asked and what the children said (vs how it was heard). Need this for children and parent interviews</li> <li>• Portable printers for FGC service plans (where applicable). Although I would still prefer handwriting them. Might be handy for extra forms or referral info to be printed off with the family present at FGCs that are held away from the office.</li> <li>• Quicker, more reliable access to IMPACT</li> <li>• Pre-filled removal paperwork forms, removal checklist, remove redundancy, too many things to list.</li> <li>• Make tabs accessible to search history under one tab</li> <li>• Have tiers as a drop down box in IMPACT</li> <li>• Have criminal history past Texas</li> <li>• Make it easier to access each tab (sub stages without going into each child to search information)</li> <li>• Better connectivity</li> <li>• Upload audacity/records into IMPACT</li> <li>• Upload more than one picture at a time into IMPACT</li> <li>• Use voice notes on iPhone to record kids instead of Audacity</li> <li>• Correct Information! Not just an answer because you say so!!</li> <li>• Need a scanner or be able to print from my personal printer</li> <li>• Not to have to sign documents by hand, but e-signature would be so much easier!</li> <li>• Access to legal documents or other documents from paper file</li> <li>• Ability to upload</li> <li>• Have workers and clients sign forms directly into IMPACT</li> <li>• Ability to have documents signed and printed while in the field</li> </ul>



Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> <li>• More access to hard file paperwork</li> <li>• Printers for laptops, everything else is perfect</li> <li>• Printers, scanners, fax options</li> <li>• Printers, scanners for investigators</li> <li>• Scanners</li> <li>• Access to OAG, Tiers, databroker to help find parents and absent parents</li> <li>• Not sure how to answer this question.</li> <li>• I think the department has gone above and beyond with appropriate technology.</li> <li>• I think we have adequate technology. It would be more beneficial to use the funding for full-time positions.</li> <li>• Scanner...being able to get id's, ss cards, birth certificates, legal paperwork that affects parent child relationships</li> <li>• Quicker internet connection</li> <li>• Case by case; support staff at office.</li> <li>• Need additional FTE positions instead</li> </ul>

**APPENDIX F: DESKTOP & TABLET SPECIFICATIONS, INCLUDING SOFTWARE**

**Dell Equipment<sup>137</sup>**

PC - Optiplex 3010 SFF

- Intel Core i3-3220 Processor (Dual Core, 3.30GHz, 3MB, w/ HD2500 Graphics)
- 4GB, NON-ECC, 1600MHZ DDR3
- 250GB 3.5" SATA 3.0Gb/s and 8MB Data Burst Cache
- 16x DVD-RW
- Dell Wireless 1520 PCIe WLAN card
- Dell Professional P2012H 20in HAS Wide Monitor
- Dell AX510 black Stereo Speaker Bar Flat Panel Display
- Mouse/Keyboard
- 3-Year Warranty
- Windows 7 Professional

Other Items: USB Webcam

Tablet - Latitude E5530

- 15.6" HD (1366x768) Anti-Glare WLED-backlit
- Intel Core i3-3110M Processor (2.4GHz, 3M cache)
- 4.0GB, DDR3-1333MHz SDRAM
- 320GB 5400rpm Hard Drive
- 8x DVD-RW
- Integrated Palmrest without Finger Print Reader
- Light Sensitive Webcam and Noise Cancelling Digital Array Mic
- Dell Wireless 1504 802.11g/n Single Band Wi-Fi Half Mini-card
- Dell Wireless 380 Bluetooth LE Module
- Broadcom TruManage
- 9-Cell (97W) Primary Lithium Ion Battery
- 90W AC Adapter
- Mouse/Keyboard
- 3-Year Warranty
- Windows 7 Professional

Other Items: Tablet Case

Power - Precision T1650

- Intel Xeon E3-1220 v2 (Quad Core, 8MB, 3.1GHz 0GT)

<sup>137</sup> From filename "Hardware Specifications.doc".

- 512MB AMD FirePro 2270, Two Monitor, 1 DMS59
- 16GB, DDR3 UDIMM Memory, 1600MHz, non-ECC (4x4GB DIMMs)
- 1TB 7200rpm 3.5" SATA 6Gb/x Hard Drive
- 16x DVD-RW
- (2) Dell Professional P2012H 20in HAS Wide Monitors
- Dell AX510 black Stereo Speaker Bar Flat Panel Display
- Mouse/Keyboard
- 3-Year Warranty
- Windows 7 Professional

Other Items: USB Webcam, DMS59-(2)DVI Adapter

## Tablet - XT3

- Intel® Core™ i5-2520m(2.50GHz, 3M cache) with Turbo BoostTechnology 2.0
- 4.0GB, DDR3-1333MHz SDRAM, 2 DIMMS - 8GB total
- Internal English Backlit Dual Pointing Keyboard
- Energy Star 5.0 Enabled / EPEAT GOLD
- 13.3" HD(1366x768) Daylight Viewing Panel with Camera and Microphone
- Intel® HD Graphics 3000
- 250GB 7200rpm Hard Drive
- 9 Cell Primary Battery
- 90W A/C Adapter (3-Pin)
- Dell 90W Auto/Air DC Travel
- 9 Cell (97WH) Lithium Ion Battery Slice
- E-Port, dock for charging, digital video, and USB / eSATA port support
- Dell Wireless™ 1501 802.11b/g/n Half Mini Card
- Dell Wireless® 375 Bluetooth Module
- Fingerprint Reader
- Mouse / Keyboard
- 3-Year Warranty
- 3 Year CompleteCare Accidental Damage Protection
- Windows 7 Professional

Table 54 - DFPS Software for the Windows 7 Operating System<sup>138</sup>

Windows 7 Image 1402	Desktop	SWI Desktop	Laptop	SWI Laptop	Tablet
<u>Standard Software</u>	x	x	x	x	x
Adobe Flash Player W/Auto Update Disabled (Latest approved)	x	x	x	x	x
Adobe Reader (Latest approved)	x	x	x	x	x
Adobe Shockwave (Latest approved)	x	x	x	x	x
Cisco Systems VPN client (Classic) 5.0.07.0440	x	x	x	x	x
F-Secure 9.32	x	x	x	x	x
Java 6.45	x	x	x	x	x
MeadCo ScriptX v X86 7.1.0.60	x	x	x	x	x
MS .NET Framework 4 Client Profile 4.0.30319	x	x	x	x	x
MS .NET Framework 4 Extended 4.0.30319	x	x	x	x	x
MS Office Professional Plus 2010 X86 14.0.6029.1000	x	x	x	x	x
MS Silverlight 5.1.20125.0	x	x	x	x	x
MS Visio Viewer 2010 X86 14.0.6029.1000	x	x	x	x	x
MS Visual C++ 2005 Redistributable 8.0.61001	x	x	x	x	x

<sup>138</sup> From filename "Windows 7 Image.docx"

Windows 7 Image 1402	Desktop	SWI Desktop	Laptop	SWI Laptop	Tablet
	x	x	x	x	x
	x	x	x	x	X
	x	x	x	x	X
	x	x	x	x	X
MS Visual Studio 2010 Tool for Office Runtime X64 10.0.40302	x	x	x	x	X
RightFax Product Suite - Client 10.0.0.349	x	x	x	x	X
LANDesk Client 9.50.1.1	x	x	x	x	X
Oracle 11.2.0	x	x	x	x	X
MS SQL Server Compact Edition 3.5	x	x	x	x	X
MS Visual Studio 8	x	x	x	x	X
MS Office 2010 SP2 Upgrade	x	x	x	x	X
WLAN AutoConfig enable 1.0	x	x	x	x	X
Cisco AnyConnect Profile 2.0	x	x	x	x	X
<u>Machine specific software</u>					
Reader Boards Display 2.0		x		X	
Avaya IP Softphone 2050 4.02		X		X	
Nice IEX WFM 4.6		X		X	
Engage Voice		X		X	

Windows 7 Image 1402	Desktop	SWI Desktop	Laptop	SWI Laptop	Tablet
3.5					
Engage Coach		x		X	
1.13.2.3					
CCMA Web		X		x	
4.0					
Cisco AnyConnect			x	x	X
3.0.5080					
Tablet = CPS					X
JDK 1.6.0_45					X
SQL anywhere					X
11.0					
Mobile Folders 3.0					X
MPS					X
13.3					
Dell Feature Enhancement Pack					X
2.2.1					
Dell Touchpad			x	x	X
N-Trig DuoSense Multi-Touch Package					X
6.249.0.0					
Audacity 2.0.5					X
<u>Cached files "ITonly" or "SDMcache"</u>					
WLAN AutoConfig enable 1.0					
"D:\ITONLY\SDMCACHE"					
Cisco AnyConnect Profile 2.0					
"D:\ITONLY\SDMCACHE"					
CD) Office 2010 SP2 Upgrade					
"D:\ITONLY\SDMCACHE"					
Audacity 2.0.5					
"D:\ITONLY\SDMCACHE"					
DDPE	x	x	x	x	X
7.2.4.5320					
"D:\ITONLY\SDMCACHE"					
Enable/Disable Wireless stack	x	x	x	x	x
"D:\ITONLY\Drivers and					

Windows 7 Image 1402	Desktop	SWI Desktop	Laptop	SWI Laptop	Tablet
Software\EnableWireless"					
Dragon 11.5	x	x	x	X	X
"D:\ITONLY\SDMCACHE"					
TechInfo	x	x	x	x	X
"D:\ITONLY\Drivers and Software\TechInfo Resources"					
Agency Icons (C:\Program Files\Agency Icons)	x	x	x	x	X
EMS+ Icon	x	x	x	x	X
CLASS Icon 2.0	x	x	x	x	X
DFPS Desktop background	x	x	x	x	X
Disable Wireless Service	x	x	x	X	X
Send to notepad	x	x	x	x	X
TNS Names 4.0	x	x	x	x	X

**APPENDIX G: FAMILY CODE SECTIONS**

Here is a non-exhaustive list from Chapters 262-266 (note reference is to section in general rather than specific subsection or requirement; more info can be provided if needed):

- 262.114—requires information provision
- 262.115--documentation requirement
- 263.003—documentation/filing requirement
- 263.004—documentation/filing requirement
- 263.007—requires information provision (also highly specific)
- 263.102—documentation/filing requirement (highly important document but some pieces are granular e.g. specifically breaking out need to address education/academic compliance)
- 263.107--documentation/filing requirement
- 263.3025--documentation/filing requirement
- 263.303 & 263.502—documentation/filing requirement (some aspects highly specific b/c of a particular problem, e.g. lack of continued oversight for youth in juvenile detention)
- 263.602—documentation/filing requirement
- 264.014—requires information/documentation provision (important; can be challenging to implement)
- 264.115—notice requirement
- 264.117—notice requirements
- 264.119—notice requirement
- 264.121—documentation/information provision requirements (involved)
- 264.123—notice requirement (also very specific)
- 264.303—notice requirement
- 264.512—reporting requirement
- 264.7541—documentation/information provision requirement (also specific in response to a particular problem)
- 264.759—documentation requirement
- 264.902 & 264.903—documentation/information sharing requirements
- 266.004—documentation/filing requirement (also highly specific, some legislation of good judgment)
- 266.007—documentation/filing requirement



Here is a list of Chapters in the Texas Family Code that may duplicate already existing Federal Law, legislate good practice and policy, difficult to implement, specifies how to use discretion, or its necessity is unclear:

- 262.108 (already impliedly required by federal law)
- 262.1095 (duplicates federal law; adds specificity)
- 262.114--legislates good practice; specifies how to exercise discretion
- 262.115—specifies how to exercise discretion
- 263.005—may be outdated in light of more recent trend toward collaboration
- 263.009 & 263.107—highly specific; largely codifies current policy and best practice; consensus language
- 263.2025—highly specific; overlap/duplication of federal law
- 264.013—legislates good practice
- 264.0145—specific; consensus language in response to a problem
- 264.1071—highly specific/somewhat prescriptive
- 264.1075-- highly specific/somewhat prescriptive
- 264.108—goes beyond federal law, which may be an important idea but can cause confusion
- 264.110—legislates practice
- 264.110—legislates practice/decision making
- 264.112—legislates practice/internal administration
- 264.112—highly specific
- 264.116—highly specific
- 264.202—duplicates federal review requirements, at least in part
- 264.204—legislates good judgment
- 264.206—legislates good judgment
- 264.752—duplicates federal law, at least in part
- 264.757—necessity unclear
- 264.902-906—highly specific; consensus language in response to a particular problem; legislates good judgment
- 261.1055—difficult to carry out
- 261.203—duplicates federal law
- 261.3012—highly prescriptive, necessity not entirely clear
- 261.3013—response to a specific safety concern, but also legislates good practice
- 261.302—prescriptive; response to a specific case where a parent did not know where child was after school

- 261.302—prescriptive; mistrust of agency led to no good cause exception to recording comparable to that for entities other than DFPS, which is problematic e.g. where equipment malfunctions or a child is unwilling to be recorded despite best efforts of caseworker
- 261.3024—legislates good practice
- 261.307—prescriptive; legislates good practice; documentation/information provision requirement
- 262.109—notice requirement
- 261.310—prescriptive; focus on forensic aspects of investigating
- 261.3101—legislates internal structure
- 261.311—notification requirement
- 261.3125—prescribes internal structure
- 261.3126—legislates good practice
- 261.314—legislates good practice; somewhat outdated
- 261.315—difficult to implement

**APPENDIX H: REMOVAL CHECKLIST**

Department of Family and Protective Services (DFPS)

Form 2630  
Revised Oct 2013

**REMOVAL CHECKLIST**

**Investigations (CPS-DFPS)**

**Purpose:** Use this form as a memory aid to help you remember required steps and important timeframes from the time immediately prior to the removal until the time the case has been transferred to a Conservatorship worker.

**Instructions:** To complete this form, enter dates as tasks are completed.

**Directions:** After completing this form, file it under the Family Services tab in the Conservatorship case file.

Case Name: \_\_\_\_\_

Date of Removal: \_\_\_\_\_

**Note:** You cannot place a child unless DFPS takes custody.

Only proceed with this checklist if you have taken emergency or non-emergency custody. All tasks on this form must be completed.

DATE COMPLETED	DAY 1 (within 24 hours) – DUE DATE:
	1. Obtain supervisor and PD approval prior to the removal. Discuss with supervisor who will/will not be offered a visit within the first three days and for parents who will not be offered a visit, why the visit is not in the child’s best interests.
	2. Give the <b>Notice of Removal Form (2231es)</b> and the booklet titled <b>While Your Child is in Care</b> to the parent/caretaker.
	3. Complete with parents/caretakers the <b>Child Caregiver Resource Form (2625)</b> . If parents/caretakers do not complete the form at the time of the removal, ask them to sign the blank form. Encourage the parents/caretakers to complete the form and return as soon as possible. If the form is completed at the time of the removal, leave one copy with the parents/caretakers. If the form is not completed at the time of the removal, leave two copies (one for the parent/caretaker and one for them to complete and return).
	4. Schedule a visit between the parents and children to occur within 3 days of the Department being named Temporary Managing Conservator.
	5. Request birth certificates, social security cards, immunization records, citizenship or immigration status, religious affiliation, and Medicaid Card on children from the parent/caretaker.
	6. Obtain as much information about the child's Medical/Development history as possible from the parent/caretaker in order to complete the <b>Medical/Developmental History Form</b> in IMPACT. This includes information about the child’s current medical, dental, vision, school and behavioral health history and treatment. Document the name, dosage, frequency, prescribing physician and time the caregiver last administered any medication child is currently taking. If possible, gather medications and medical supplies/assistive devices, such as eyeglasses, dental retainers, leg braces, wheelchairs, etc. Contact the regional eligibility specialist if the pharmacy refuses to refill any medications. Obtain a list of all known schools for the child, all known

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	doctors/clinics, and location of the child's birth.
	7. Ask parents, family members and any child old enough about American Indian heritage. If a child <b>MAY</b> be of American Indian heritage, review and follow policy 2812.4 Person Race and Ethnicity and follow policy 1225 Indian Child Welfare Act, , Appendix 1226-A and 1226-B.
	8. If the child is not a US citizen, follow policy 6700 and following; notify the appropriate consulate using <b>Letter to Foreign Consulates (2650)</b> on Smiley; and follow guidelines in <b>Questions And Procedures For Working With Foreign Born Children In Foster Care (2013)</b> on Smiley.
	9. Request information on absent parents from parents, family members and any child old enough. Attempt to get absent parents name, address, last address, relative/friends names, last known work place, etc. Attempt to contact absent parents to give a <b>Notice of Removal Form (2231es)</b> and a copy of <b>While Your Child is in Care</b> .
	10. If a child will be placed with or remain in the home of a kinship caregiver (relative or fictive kin) at the time of removal, initiate the <b>Preliminary Home Assessment Form (6587)</b> prior to the Adversary Hearing. The Preliminary Home Assessment must include: <ul style="list-style-type: none"> <li>• A criminal history and IMPACT background check (these must not be completed by contacting the Emergency Background Check Unit at SWI)</li> <li>• A visit to the home of the kinship caregiver to assess the home environment.</li> </ul> Request a written kinship home assessment by completing and submitting <b>Request for Kinship Home Assessment (6581)</b> according to the timeframes in policy 4526. If the kinship placement is out of region, complete <b>I See You Supervision Referral Form (2914)</b> to request an ISY worker. Make a kinship referral using local protocol.
	11. Check IMPACT records to determine if the child being removed has any siblings that have been previously adopted. If so, this may impact the choice of placement.
	12. If the child is not already placed in an approved/ordered kinship home, contact the CPU to request a placement for the child, providing them with an affidavit if available. Complete required paperwork – either the <b>Placement Summary Form (2279)</b> or the <b>Alternate Application for Placement of Children in Residential Care Form (2087ex)</b> , also known as the mini common application), depending on the child's service level needs.
	13. Complete <b>Placement Authorization Forms (appropriate 2085s for placement type, education decision-maker, and</b>

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**Investigations (CPS-DFPS)**

	<p><b>medical consentor</b>). Ensure medical consentor has completed training. Get supervisor signature on the forms. Make two copies, one for the placement and one for the case file (after placement has signed). Enter the placement in IMPACT on the Placement Detail on the day of placement or no later than 7pm the following calendar day.</p>
	<p>14. Conduct pre-placement visit with the child(ren), unless the placement is an emergency, or the proposed relative caregiver has a longstanding relationship with the child and has cared for the child at any time within the last 12 months. Explain to them the reason for placement. Ensure that the receiving caregiver has been trained on the correct administration of any medication, as well as on the proper use of any medical equipment or special healthcare needs of the child by appropriate professional providers prior to receiving the child</p>
	<p>15. Complete <b>Placement Summary Form (2279)</b> with as much information on each child as possible. A copy of Form 2279 is given to each child’s caregiver at placement or within 72 hours of placement.</p> <ul style="list-style-type: none"> <li>• The caseworker must share all known information about each child’s immediate and special needs at the time of placement. This section must be initialed and dated at the time of placement</li> <li>• Signatures of the child (if appropriate), the caregiver, and caseworker on the last page signify that all known information about the child was given to the caregiver at placement</li> </ul>
	<p>16. Request daycare for the placement, if needed.</p>
	<p>17. Discuss the items on the <b>Orientation Discussion Checklist (Form 2654)</b> with each child according to the level of functioning and comprehension at the time of placement or within 7 days of placement. Infants and toddlers are exempt.</p> <ul style="list-style-type: none"> <li>• Provide a copy of the <b>Rights of Children and Youth in Foster Care (Form 2530)</b> to each child at placement</li> <li>• Discuss the Visitation/Contact/Restriction Plan with the child and caregiver. If it is a FAD placement provide a copy of <b>Visitation/Contact/Restriction Plan (Form 2655)</b> to the caregiver and child</li> <li>• Discuss Discipline policy with the child. If it is a FAD placement, provide a copy of <b>Discipline Notification (Form 2411)</b> to the child and caregiver</li> <li>• Complete discussion of other items on the checklist and document any that were not discussed and the reasons they were not discussed.</li> <li>• Inform youth 16 or older of their right to request a court determination of their ability to consent to some or all of</li> </ul>

**REMOVAL CHECKLIST**  
**Investigations (CPS-DFPS)**

	<p>their own medical care. Review <b>Notice of Your Right to Request the Court to Consent to Your Own Medical Care (2092)</b> with the youth.</p>
	<p>18. Designate Emergency Shelter staff, foster parents or CPS staff as medical consenter:</p> <ul style="list-style-type: none"> <li>• Document medical consenter information in IMPACT the same day or by 7pm on the next calendar day</li> <li>• For the Court Authorization in the IMPACT Medical Consenter Detail, select “Before Court Hearing”</li> <li>• If proposed medical consenter is known prior to placement, complete IMPACT entry prior to placement and generate <b>Medical Consenter Form(s) (2085-B)</b> from IMPACT (critical information including the PID of child and medical consenter pre-fills once the medical consenter is entered)</li> <li>• If proposed medical consenter is NOT known prior to placement, complete electronic <b>Forms 2085-B</b> on Smiley Face, making sure to enter the PID of the child and medical consenter on the form</li> <li>• Provide completed copies of <b>Forms 2085-B</b> to each medical consenter and to the caregiver</li> <li>• Generate <b>Form 2096</b> from IMPACT within 5 business days and file with the court to notify them of the medical consenter designation</li> </ul> <p><b>Note:</b> It is critical for the medical consenter to have his or her correct IMPACT PID in order to verify that s/he is the medical consenter when contacting STAR Health and to register for the Health Passport.</p>
	<p>19. Ensure that the new placement, if not the medical consenter, coordinates with the medical consenter to select a STAR Health Primary Care Provider (PCP) for the child from the STAR Health Provide Directory. The medical consenter may select a PCP by calling STAR Health at 866-912-6283 or mailing the PCP Selection/Change Form to Superior.</p>
	<p>20. <b>Summary of Forms and Information Needed for Placement</b> Provide foster parent with all necessary forms and information:</p> <ul style="list-style-type: none"> <li>• Placement Forms (2085s)</li> <li>• Medical/Developmental History</li> <li>• Medical Consenter (as appropriate)</li> <li>• Medicaid card</li> <li>• Education Portfolio (as appropriate and if available provide copies of available education records. Education Portfolio must be provided within 5 days)</li> <li>• Designation of Education Decision Maker Form 2085-E (at placement or no later than five days after the Show Cause/Adversary Hearing)</li> </ul>

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	<ul style="list-style-type: none"> <li>• Placement Summary Form 2279 (at placement or within 72 hours)</li> <li>• Copy of Children’s Rights (at placement or within 7 days)</li> <li>• Orientation Discussion list (at placement or within 7 days)</li> <li>• Discipline Notification (Only for FAD placement, at placement or within 7 days)</li> <li>• Visitation/Contact/Restriction Plan (Only for FAD placement, at placement or within 7 days)</li> </ul>
<b>DATE COMPLETED</b>	<b>DAY AFTER REMOVAL – DUE DATE:</b>
	1. Contact District Attorney/County Attorney to inform them of removal. Complete legal paperwork as required for each county.
	2. Complete Affidavit for removal.
	3. File legal documentation as required by each county. (Remember all legal work needs to be filed within 24 hours of the removal or the first working day following a weekend or a court holiday).
	4. Participate in Ex-Parte hearing as appropriate for each county.
	5. Update the IMPACT Medical Consenter Detail to reflect the court authorization of medical consenter the same day or no later than 7pm on the next day. If the medical consenter changed after the court hearing, issue a new Form 2085-B and generate Form 2096 from IMPACT within 5 business days to notify court of medical consenter designation. If the medical consenter did NOT change after the court hearing, it is not necessary to issue a new Form 2085-B or notify the court.
	6. Obtain copies of all legal paperwork.
	7. If Child Caregiver Resource form is completed at the time of the removal, initiate the home assessment process (see policy 4520 Placing a Child with an Unverified Kinship Caregiver).
	8. Make a referral to the Kinship Program
	9. Follow regional protocol for referring the family for a Family Group Conference.
	10. Exercise due diligence to identify and notify in writing all adult grandparents and other adult relatives of the child by providing them with <b>Notification to Relatives About a Child's Removal Form (2624)</b> . The search for and notification of relatives should be ongoing but is required to take place within the first 30 days after the removal of the child. For more details, see 2540 Notification to Relatives Following a Removal.
	11. Per local protocol provide notice of need for post-removal staffing.
	12. Request school and medical records for each child.
	13. Update the following information in INV/FBSS stage prior to

**REMOVAL CHECKLIST**  
**Investigations (CPS-DFPS)**

	<p>completing Conservatorship Removal in IMPACT.</p> <p>a) Ensure all parties are listed on Maintain person. This includes all persons in home not previously listed, relative resources, collaterals, etc.</p>
	<p>b) Enter person characteristics for each principal. Make sure no person characteristics apply before marking N/A.</p>
	<p>c) Update address/phone number for each person on the Maintain person list. Be sure to add Medicaid address for each child removed from the home.</p>
	<p>d) Complete person detail for each principal.</p>
	<p>e) Update Person ID's, social security number, driver's license, etc. for each principal.</p>
	<p>f) Enter Income and Resources for each principal.</p>
	<p>g) Update the Education Log for each child</p>
	<p>h) Complete criminal history and IMPACT checks for each principal, including potential relative placements.</p>
	<p>i) Complete Person Detail CVS/FA home – be sure to add in citizenship and mother's marital status at time of birth.</p>
	<p>14. Complete the Family Tree in IMPACT.</p>
	<p>15. <b>Open Subcare/Family Subcare Stages</b></p> <p>a) From Assigned Workload, highlight case and click on the "Tasks" push button.</p> <p>b) From the Tasks list window, highlight Conservatorship/Removal task and click on the "Add" push button. This will take you back to the Person List.</p> <p>c) Highlight the child's name to be removed.</p> <p>d) Click on the "Continue" button. The Conservatorship/Removal window displays.</p> <p>e) Fill in the removal date (actual date of removal) and reason for removal. If person characteristics have not been updated for parent/caretaker, mark those that are appropriate.</p> <p>f) On the same window, click on Persons in the Home and click on all persons living in the home at the time of the removal.</p> <p>g) Click on the Save button.</p> <p>h) For additional children, click on the Add push button.</p> <p>i) Follow the above steps for each child.</p>
	<p>16. Complete requested Level of Care for each child.</p>
	<p>17. Complete common application, as appropriate.</p>
	<p>18. Complete Placement for each child in IMPACT in each child's SUB stage. Ensure that the placement is an actual placement instead of a planned placement. Be sure to enter date actual placement occurred. Save and submit to your supervisor.</p>
	<p>19. Notify eligibility worker that child has been removed and placed in foster care.</p>



Department of Family and Protective Services (DFPS)

Form 2630  
Revised Oct 2013

**REMOVAL CHECKLIST**

**Investigations (CPS-DFPS)**

	20. Enter Legal Actions in each child’s SUB stage For more details see 6132 Documentation of Legal Activity.
	21. Enter Legal Status (be sure to enter as Temporary Managing Conservatorship) in each child’s SUB stage.
	22. Complete as much information as possible on the Medical/Developmental History in each child’s SUB stage. Provide a copy to the child’s caregiver.
	23. Maintain role of the child to “self” and any principal to their appropriate role in each child’s SUB stage,
	24. Maintain role for each principal in the FSU stage
<b>DATE COMPLETED</b>	<b>WITHIN 5 DAYS OF REMOVAL – DUE DATE:</b>
	1. If the child is under three and suspected of having a disability or developmental delay as a result of exposure to illegal substances, or the disability or developmental delay requires evaluation prior to their scheduled Texas Health Steps check-up, refer to ECI by completing <b>ECI Screening Referral Form (0789)</b> . This must be done within two business days of the need being identified.
	2. Complete <b>Foster Care Eligibility</b> for each child (in IMPACT), or provide documentation to Eligibility Specialist, per regional protocol.
	3. Ensure placement has scheduled Texas Health Steps medical and dental check-ups and any other appropriate appointments for each child.
	4. Start the Education Portfolio. See 15381 Creating the Education Portfolio (and following).
<b>DATE COMPLETED</b>	<b>WITHIN 10 DAYS OF REMOVAL or PRIOR TO 14 DAY – ADVERSARY HEARING– DUE DATE:</b>
	1. Follow up with the regional FGDM Specialist to identify whether a Family Group Conference or Permanency Conference will be held with the family.
	2. Complete <b>Post-Removal Staffing Form (6589)</b> <ul style="list-style-type: none"> <li>• Provide specific information about each child on the Form</li> <li>• Attach a copy of the removal affidavit</li> <li>• Attach a copy of the <b>Placement Summary Form (2279)</b></li> </ul>
	3. Attend Post-Removal/Case Transfer Staffing. Once staffing is complete, have appropriate staff (worker, supervisor, removal staffing program director/child placement management staff) sign <b>Post-Removal Staffing Form (6589)</b> .
	4. Develop a temporary visitation schedule with each parent, and complete the Temporary Visitation Schedule with each parent.
	5. Complete the Risk Assessment in IMPACT. This must be completed in order for the CVS unit to initiate the Family Plan of Service.
	7. Ensure that if the child’s school has changed, the child has been withdrawn and the records have been transferred to the

Department of Family and Protective Services (DFPS)

Form 2630  
Revised Oct 2013

**REMOVAL CHECKLIST**  
**Investigations (CPS-DFPS)**

	new school.
	8. Complete court report for Show Cause/Adversary Hearing, if required, and file with the court following local protocol.
	9. File the Temporary Visitation Schedule with the court, or be prepared to have it completed prior to the Show Cause/Adversary Hearing.
	10. Contact Ad Litem for child to discuss case. Provide copy of court report, if required.
<b>DATE COMPLETED</b>	<b>WITHIN 14 DAYS OF REMOVAL -- DUE DATE:</b>
	1. If not previously completed, designate an appropriate person to be identified as the Education Decision-Maker: <ul style="list-style-type: none"> <li>• If not previously completed, complete <b>Designation of Education Decision-Maker (2085-E)</b> from Smiley Face</li> <li>• File the most current and correct copy of Form 2085-E with the court</li> <li>• Provide completed copies of Forms 2085-E to the school, caregiver or facility director, parents, managing conservator, attorney ad-litem, guardian ad-litem, and any other person named by the court to have an interest in the child's welfare</li> </ul>
	2. If not previously completed, complete Temporary Visitation Schedule with each parent and present to the Court at the time of the Show Cause/Adversary Hearing.
	3. Attend Show Cause/Adversary Hearing. Ensure the conservatorship caseworker is aware of the court orders from this hearing.
	4. Complete the <b>Communication Plan with the Attorney Ad Litem and/or Guardian Ad Litem Form (2071)</b> if one has been appointed. (Obtain input from the conservatorship caseworker regarding communication with the AAL and/or GAL).
	5. Update Legal Actions in each child's SUB stage.
	6. If not authorized during the Ex Parte Hearing, update the IMPACT Medical Consenter Detail to reflect the court authorization of medical consenter the same day or no later than 7pm the next day. If the medical consenter changed after the court hearing, issue a new Form 2085-B and generate Form 2096 from IMPACT within 5 business days to notify court of medical consenter designation. If the medical consenter did NOT change after the court hearing, it is not necessary to issue a new Forms 2085-B or notify the court.
	7. If the education decision-maker changes as a result of the Show Cause/Adversary Hearing, or prior to case transfer, update the <b>Designation of Education Decision-Maker (2085-E)</b> and distribute to all required parties within 5 days of the change.

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**REMOVAL CHECKLIST**  
**Investigations (CPS-DFPS)**

	8. Complete transfer summary in IMPACT.
	9a. Complete <b>Request for Diligent Search Form (2277)</b> , if there are absent parents with unknown locations. Check the boxes for “Court of Continuing Jurisdiction” and “Paternity Registry” when using this form. This form is sent to: <a href="mailto:FINDRS@dfps.state.tx.us">FINDRS@dfps.state.tx.us</a>
	9b. If all parents locations are known: <ul style="list-style-type: none"> <li>• Submit <b>Bureau of Vital Statistics Form VS 168 “Inquiry on Court of Continuing Jurisdiction for a Child”</b></li> <li>• Submit this Form to the Bureau of Vital Statistics – Texas Department of State Health Services</li> </ul>
	9c. If Paternity has not been established: <ul style="list-style-type: none"> <li>• Submit <b>Bureau of Vital Statistics Form VS 134 “Paternity Registry Inquiry Request”</b></li> <li>• Submit this Form to the Bureau of Vital Statistics – Texas Department of State Health Services</li> </ul>
	10. Organize case file.
	11. If the investigation can be completed by the time of case transfer, it should be included in the case file documentation.
	12. Plan to attend Family Group Conference or Permanency Conference/FGDM.

CPS Handbook 6138 External Documentation – Substitute care documentation requirements state the following forms must be included in the paper case record. This list is not all-inclusive. Your region or county may have additional requirements for documentation that must be included in the case file. The removal caseworker needs to ensure that any of below that have been obtained, are in the case record either in IMPACT or the paper file, with copies of certain documents filed in the child’s Education Portfolio.

- Birth/citizenship records
- Health records, including a copy of a recent medical exam
- School records
- A copy of the signed foster care assistance application
- Copies of signed court orders, affidavits, and other court documents
- The court’s determination that CPS made reasonable efforts to prevent removal, reunify the family or seek other permanency goals for a child
- CPS notice to caretaker of court hearings, PPTs/administrative review. Caretakers include relatives, foster parents, and pre-consummated adoptive parents
- Placement and medical authorizations including medical consent forms
- Designation of educational decision maker
- Temporary Visitation Schedule
- Correspondence
- Other possible documents, such as photographs, authorizations, and letters

**APPENDIX I: PERFORMANCE METRICS ASSESSMENT TABLES**

LBB and Lt. Governor Reports

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Count of metrics by category ->	62	0	13	8	4	2	41	0	18	0	3	3	0	1	33	0	0	0
Number of Calls Received by Statewide Intake Staff	X																	
Number of CPS Reports of Child Abuse/Neglect	X																	
Number of Reports of Child Abuse/Neglect in Child Care Facilities	X																	
Average Cost per SWI Report of Abuse/Neglect/Exploitation																		
Percent CPS Priority 1 Reports Initiated within 24 Hours of Report											x			x				
Incidence Child Abuse/Neglect Confirmed by CPS Per 1,000 TX Children	X			X														
Percent At-risk Children Who Receive Protective Services																		x

Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Percent Absence of Maltreatment within Six Months of Intake(CPS)															x			
Percent of Children in Substitute Care Under 12 Mos w/ Two or Fewer Placements															x			
Percent of Children Re-entering Care within 12 Months															x			
Percent of Children Who Remain Safe in Substitute Care															x			
Percent Children Achieving Legal Resolution within 12 Months															x			
Percent Children Achieving Permanency within 18 Months															x			
Percent in FPS Conservatorship Until the Age of Majority															x			
Average Length of Time in Out-of-Home Care Per Child															x			
Median Length of Stay in Foster Care															x			
Percent of Children Reunited within 12 Months of Entry															x			

Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders			
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	
Percent of Adoptions Consummated within 24 Months																			x
Median Length of Stay of Adoptions Consummated																			x
Child Protective Services Caseworker Turnover Rate																			x
Percent of CPS Caseworkers Retained for Six Months Following BSD																			x
Percent CPS Priority 1 Reports Initiated within 24 Hours of Report												x	x						x
Incidence Child Abuse/Neglect Confirmed by CPS Per 1,000 TX Children	X																		
Percent At-risk Children Who Receive Protective Services																			x
Percent Absence of Maltreatment within Six Months of Intake(CPS)																			x

Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Percent of Children in Substitute Care Under 12 Mos w/ Two or Fewer Placements																		
Percent of Children Re-entering Care within 12 Months																		x
Percent of Children Who Remain Safe in Substitute Care																		x
Percent Children Achieving Legal Resolution within 12 Months																		x
Percent Children Achieving Permanency within 18 Months																		x
Percent in FPS Conservatorship Until the Age of Majority																		x
Average Length of Time in Out-of-Home Care Per Child																		x
Median Length of Stay in Foster Care																		x
Percent of Children Reunified within 12 Months of Entry																		x
Percent of Adoptions Consummated within 24 Months									x				x					x

This Assessment Report is a preliminary report and is confidential and not intended for dissemination beyond HHSC, DFPS and CPS leadership.

Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Median Length of Stay of Adoptions Consummated															x			
Child Protective Services Caseworker Turnover Rate						x												
Percent of CPS Caseworkers Retained for Six Months Following BSD						x												
Number of Completed CPS Investigations	X																	
Number of Confirmed CPS Cases of Child Abuse/Neglect	X																	
Number of Child Victims in Confirmed CPS Cases of Child Abuse/Neglect	X																	
Average Number of FPS-verified Foster Home Beds per Month							x											
Average Number of FPS-approved Adoptive Home Beds per Month							x											



Assessment Findings  
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	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Number of FPS-approved Foster/Adoptive Home Beds per Month							x											
Average Number of FPS Children per Month in Out-of-home Care	X																	
Number of Children in FPS Conservatorship Who Are Adopted															x			
Average Daily Number of CPS Direct Delivery Services (All Stages)	X						x											
Average Number of Children in FPS Conservatorship per Month	X			x			x											
Average Daily Cost per CPS Direct Delivery Service (All Stages)	X		x															
CPS Daily Caseload per Worker: Investigation	X				x													
CPS Daily Caseload per Worker: Family-Based Safety Services	X				x													
CPS Daily Caseload per Worker: Substitute Care Services	X				x													

Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
CPS Daily Caseload per Worker: Foster/Adoptive Home Development	X				x													
Number of Deaths of Children in FPS Conservatorship																		x
Number of Deaths of Children as a Result of Abuse/Neglect while in FPS																		x
Number of Deaths of Children as a Result of Abuse/Neglect																		x
Percent of CPS Workers with Two or More Years of Service				x														
Average Number of FPS Children per Month in FPS Foster Homes	X							x										
Average Number of FPS Children per Month in Non-FPS Foster Homes	X							x										
Average Number of FPS Children per Month in Residential Facilities	X							x										
Number of CPS Caseworkers Who Completed Basic Skills Development												x						

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Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Number of Days of TWC Foster Day Care Paid per Month	X						x											
Average Daily Cost for TWC Foster Day Care Services	X																	
Number of Children Receiving TWC Foster Day Care Services	X						x											
Average Number of Days of TWC Relative Day Care Paid per Month	X																	
Average Daily Cost for TWC Relative Day Care Services	X																	
Number of Children Receiving TWC Relative Day Care Services	X						x											
Average Number of Days of TWC Protective Day Care Paid per Month	X																	
Average Daily Cost for TWC Protective Day Care Services	X																	
Number of Children Receiving TWC Protective Day Care Services	X																	

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Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Number of Children: Adoption Placement Purchased Services	X						x											
Average Monthly Cost per Child Adoption Placement Purchased Services	X						x		x									
Average Number of Clients Receiving Post-adoption Purchased Services	X						x											
Average Cost per Client for Post-adoption Purchased Services	X								x									
Average # Youth: Preparation for Adult Living Services	X																	
Average Monthly Cost per Youth: Preparation for Adult Living Services	X		x						x									
Average # Clients: Substance Abuse Purchased Services	X						x											
Average Monthly Cost per Client for Substance Abuse Purchased Services	X		x						x									

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Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Number of Clients Receiving Other CPS Purchased Services	X						x											
Average Monthly Cost per Client: Other CPS Purchased Services	X		x						x									
Average Number of FPS-paid Days of Foster Care per Month	X						x											
Average Number of Children (FTE) Served in FPS-paid Foster Care per Month	X						x											
Average Monthly FPS Expenditures for Foster Care	X		x						x									
Average Monthly Copayments for Foster Care	X								x									
Average Monthly FPS Payment per Foster Child (FTE)	X		x						x									
Number of Children in Paid Foster Care	X						x											

Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Number of Children Provided Adoption Subsidy per Month	X						x											
Average Monthly Number of Children: Permanency Care Assistance	X						x											
Average Monthly Payment per Adoption Subsidy	X		x									x						
Average Monthly Payment per Child: Permanency Care Assistance			x									x						
Average Monthly Number of Children: Caregiver Monetary Assistance	X																	
Average Monthly Cost per Child: Caregiver Monetary Assistance	X		x									x						
Number of Children Receiving Caregiver Monetary Assistance	X						x											
Percent of STAR Youth with Better Outcomes 90 Days after Termination												x						x

Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Percent of CYD Youth Not Referred to Juvenile Probation									x						x			
Average Number of STAR Youth Served per Month	X						x											
Average Monthly FPS Cost per STAR Youth Served	X		x						x									
Average Number of CYD Youth Served per Month	X						x											
Average Monthly FPS Cost per CYD Youth Served	X		x						x									
Number of New Licenses, Certifications, Registrations & Listings							x											
Number of Child Care Facility Inspections							x											
Number of Completed Complaint Investigations																		
Number of Completed Child Abuse/Neglect Investigations	X			x														
Number of Validated Child Abuse/Neglect Reports	X			x														

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Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Monthly Cost per Primary Day Care Licensing Activity	X		x						x									
Average Monthly Cost per Primary Residential Licensing Activity	X		x						x									
Average Monthly Day Care Caseload per Monitoring Worker	X					x												
Average Monthly Residential Caseload per Monitoring Worker	X																	
Average Monthly Day Care Caseload per Investigator	X					x												
Average Monthly Residential Caseload per Investigator	X					x												
Number of Licenses, Certifications, Registrations, and Listings									x									
Number of Licensed Child Care Centers									x									
Number of Licensed Child Care Homes									x									

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Assessment Findings  
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Number of Licensed Residential Child Care Facilities (Excluding Homes)							x											
Number of Registered Child Care Homes							x											
Number of Licensed Residential Child Care Facilities (Excluding Homes)							x											
Number of Registered Child Care Homes							x											
Number of Foster and Group Homes (Agency and CPS)							x											
Number of Listed Family Homes							x											
Number of Child Placing Agencies							x											
Number of Child Care Administrators							x											
Number of Criminal Record Checks							x											
Number of Child Placing Agency Administrators							x											

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Assessment Findings  
4/28/2014

Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging

Percent of Child Care Licensing  
Workers: Two or More Years of  
Service

x

Number of Central Registry  
Checks

x

*Data Placemat: Assessment of the Content*

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Count of metrics by category ->	0	0	0	0	0	0	0	0	0	0	9	6	3	4	13	0	0	0
STAR Youth with Better Outcomes at 90 Days (%)															x			
Increase in pre/post protective factor survey results (%)															x			
P1 Investigations Initiated Timely (attempted or completed contact) (%)											x							
P2 Investigations Initiated Timely (attempted or completed contact) (%)											x							
Completed investigations with safety assessments submitted within 7 days (%)																		x
Completed investigations transferred to CVS that had an FTM during the investigation (%)																		x
Completed investigations submitted to supervisor within 45 days (%)																		x
Completed investigations with a substantive disposition (ruled out or RTB) (%)																		x
Alleged victims with no ongoing services who had a subsequent confirmed allegation or case open for services within 12 months (%)																		x
FPR stages with timely initial contact (%)											x							

## Assessment Findings 4/28/2014

Face-to-Face contacts with children (%)	x		
Timely completion of initial family plan (%)	x		
FPR stages with at least one removal (%)	x		
FPR stages with at least one removal and had FGC or FTM in FPR stage prior to removal (%)	x		
Children with FPR stage closed who had a subsequent confirmed allegation or case open for ongoing services within 12 months (%)			x
Youth 18 or older with closed substitute care and have completed PAL Life Skills Training (%)		x	
Timeliness of initial child plan (%)	x		
Monthly Face-to-face contact with children (%)	x		
Children in substitute care living with relatives (%)			x
Children placed in county (%)			x
Sibling groups with all siblings placed together (%)			x
Average number of placements in foster care			x
Exits to reunification (%)			x
Of exits that are not reunification, exit to relatives (%)			x
Final orders in less than 12 months (%)		x	
Achieving permanency for children in DFPS custody more than 2 years (%)			x
Children with Termination of Parental Rights (TPR) that are adopted within 12 months of termination (%)			x
Children who return home and have a subsequent confirmed allegation or case open for ongoing services within 12 months (%)			x

Assessment Findings  
4/28/2014

Completed investigations that are confirmed (%)	x	
Confirmed investigations with at least one removal (%)	x	
Completed investigations transferred to FPR (%)		x
FPR stages with at least one removal (%)	x	
Exits to reunification (%)		x
Of exits that are not reunification, exit to relatives (%)		x
Children with TPR that are adopted within 12 months of termination (%)		x

**Executive Dashboard: Assessment of the Content (based on current plans at 4/13/2014)**

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Count of Metrics by Decision Type:	0	0	0	5	3	2	0	0	0	0	0	0	0	2	4	0	0	0
All, Vacancy Rate					x													
All, Turnover				x														
Investigations, Intakes assigned				x														
Investigations, Caseload (Families)				x														
FBSS, Caseload (Families)				x														
INV, Removal rate						x												
CVS, Length of time in DFPS custody						x												
CVS, Caseload (People)				x														
CVS, Face-to-face contact w/ children in conservatorship					x													
Investigations, Case duration					x													
Investigations, Children who did not receive ongoing services and remain safe																		x
FBSS, Children receiving Family-Based Safety Services are safe																		x

Assessment Findings  
4/28/2014

FBSS and FRE, Children remain safe following FBSS and FRE	x
CVS, Exit DFPS conservatorship to family reunification.	x
CVS, Exit DFPS conservatorship to relative or fictive kin	x
Adoption, Within 12 months of termination of parental rights	x

**APPENDIX J: TSG SURVEY INSTRUMENT**

Thank you for agreeing to take part in the DFPS/CPS assessment project. This survey will provide important information to help CPS improve the work we do. Your answers will be tabulated by The Stephen Group and kept strictly confidential—no State employee will see your individual answers. So, please take advantage of this opportunity to be both frank and helpful.

The number of the region I work in (use 12 for state office) is:

My job in CPS can best be described as (select all that apply)

- Front line worker (mostly working directly with children and families)
- Administrative or operational support staff (non-direct delivery)
- Supervision of CPS workers
- Subject matter expert

In a typical week, I spend my time as follows (estimate percentage of work week—adding to 100%)

Talking with families or children	<input type="text" value="0"/>
Talking and meeting with other organizations including courts, agencies or contractors about specific children or families	<input type="text" value="0"/>
Travelling	<input type="text" value="0"/>
Working with paper: forms, reports, memos, letters...	<input type="text" value="0"/>
Working on a tablet or computer	<input type="text" value="0"/>
In formal meetings that include only CPS people	<input type="text" value="0"/>
Discussing things informally with CPS people	<input type="text" value="0"/>
Other <input type="text"/>	<input type="text" value="0"/>
<b>Total</b>	<input type="text" value="0"/>



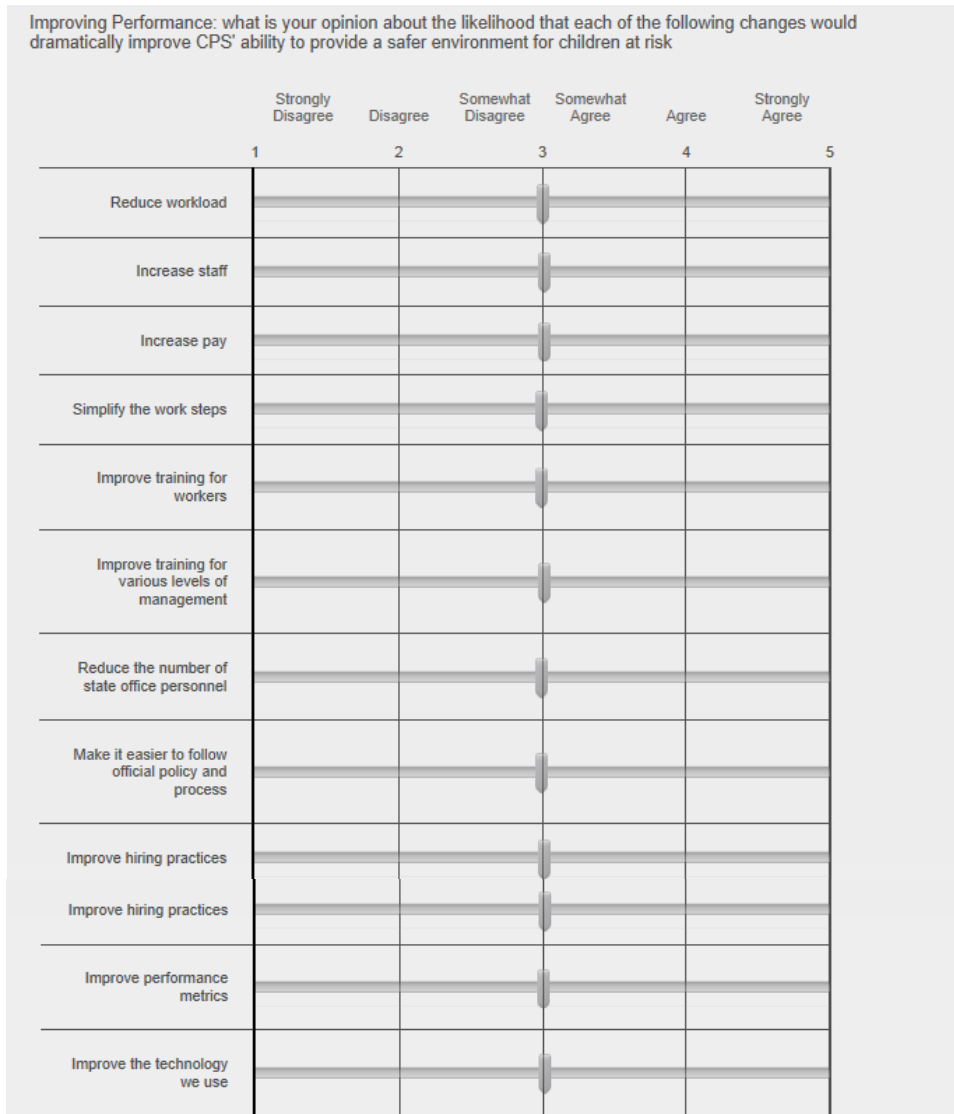
Please tell us how you feel about the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	2	3	4	5
Q3. I love the work I do					
I really like my co-workers					
Q4. CPS is a great place to work					
Q5. I am planning on working at CPS for the rest of my career					

Please give one example you have seen of CPS working at its best. What happened? Who was involved? what was your role?

When people I know have left CPS, they tell me it is because (please drag and drop the options below to order them by rank of importance)

- Work hours or workload
- Pay
- Stress of the job
- Boss did not support
- Other



Management Style: When my boss wants to increase performance, the most common approach is: (select the one that best applies)

- Encourages me to work harder
- Teaches or directs me how to work smarter
- Supports me as a person through difficult times

Comment: Describe one example of something your supervisor or manager did to improve your performance

How decisions are made:

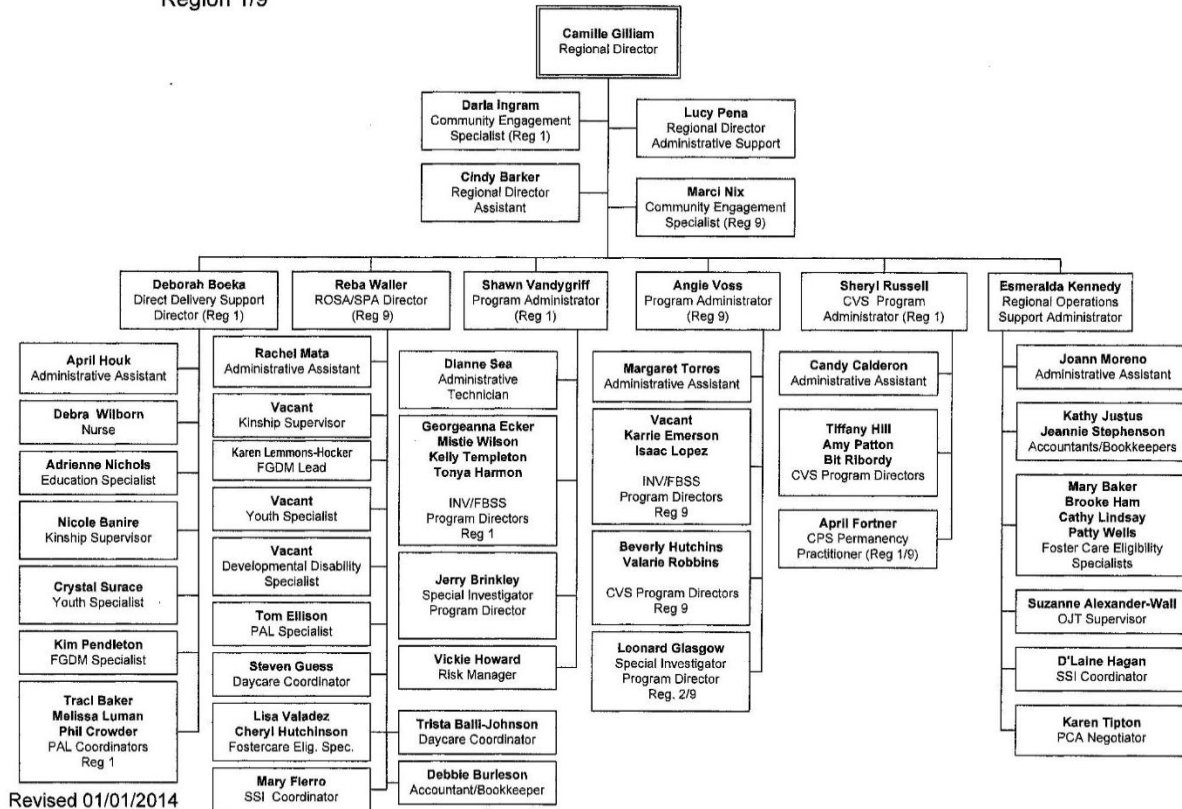
	1	2	3	4	5
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My decisions are 100% supported by my immediate supervisor					
Child safety decisions are always made using formalized policy and practice					
Decisions are made using a team approach -- i.e. not by me alone					

Elevator Question: Let's say you ran into Commissioner Specia in an elevator tomorrow. He doesn't recognize you, so you have a few seconds to tell him how you think CPS could improve—with no risk. What would you tell him?

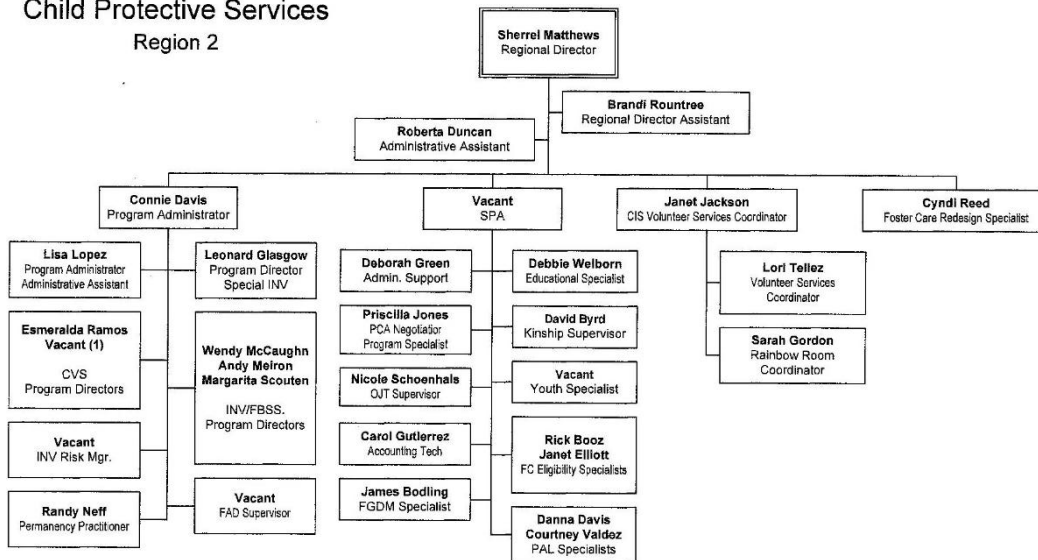
Thank you again for your frank and thoughtful input. Your comments will go a long way to help CPS improve how we serve our children.

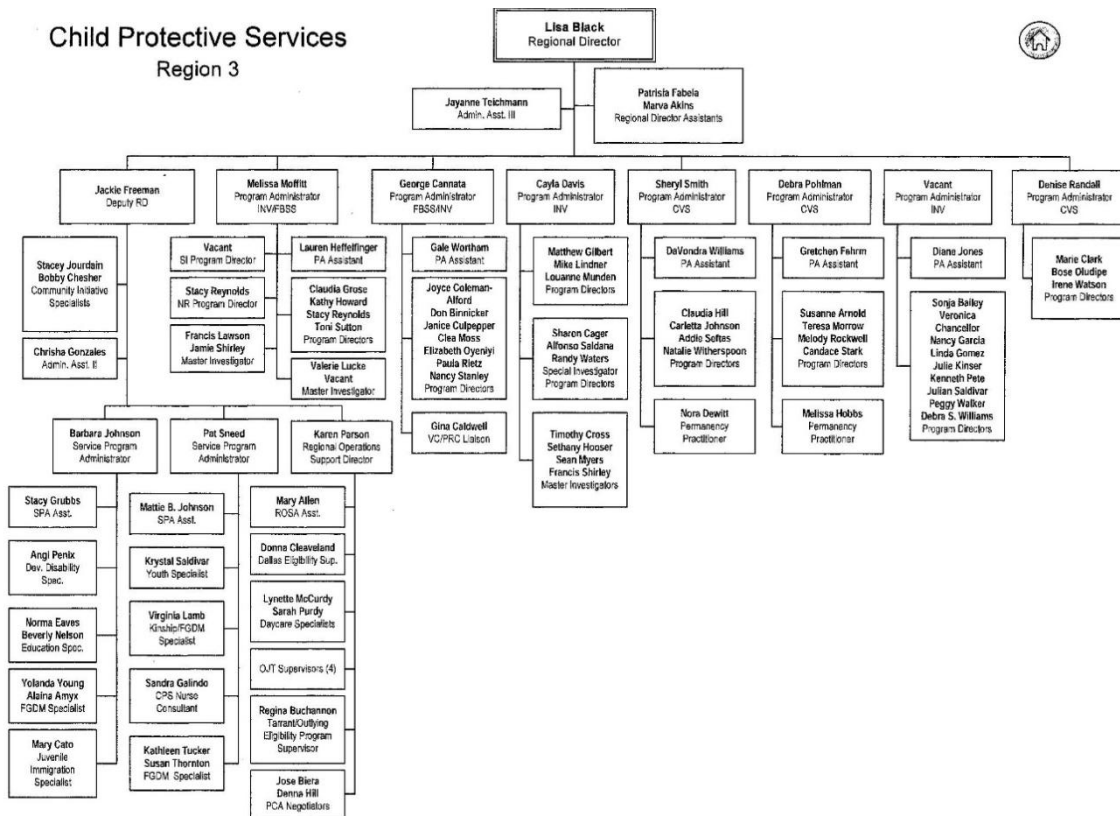
APPENDIX K: REGIONAL ORGANIZATION CHARTS

Child Protective Services  
Region 1/9



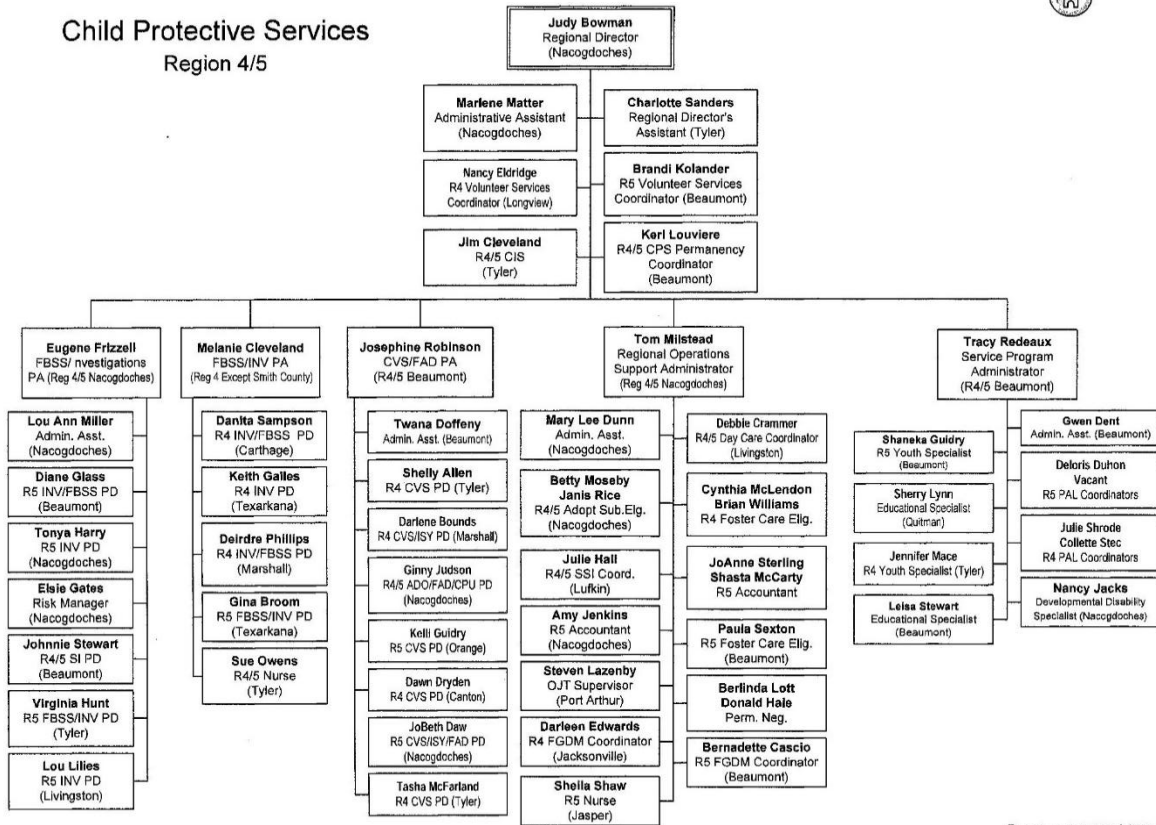
Child Protective Services  
Region 2





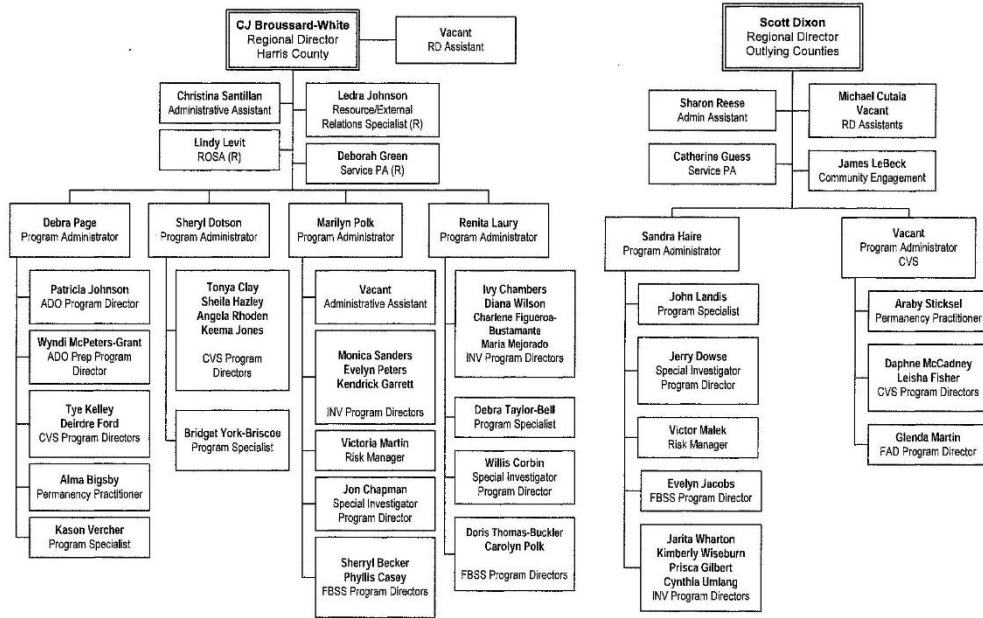


Child Protective Services  
Region 4/5



Revised 01/01/2014

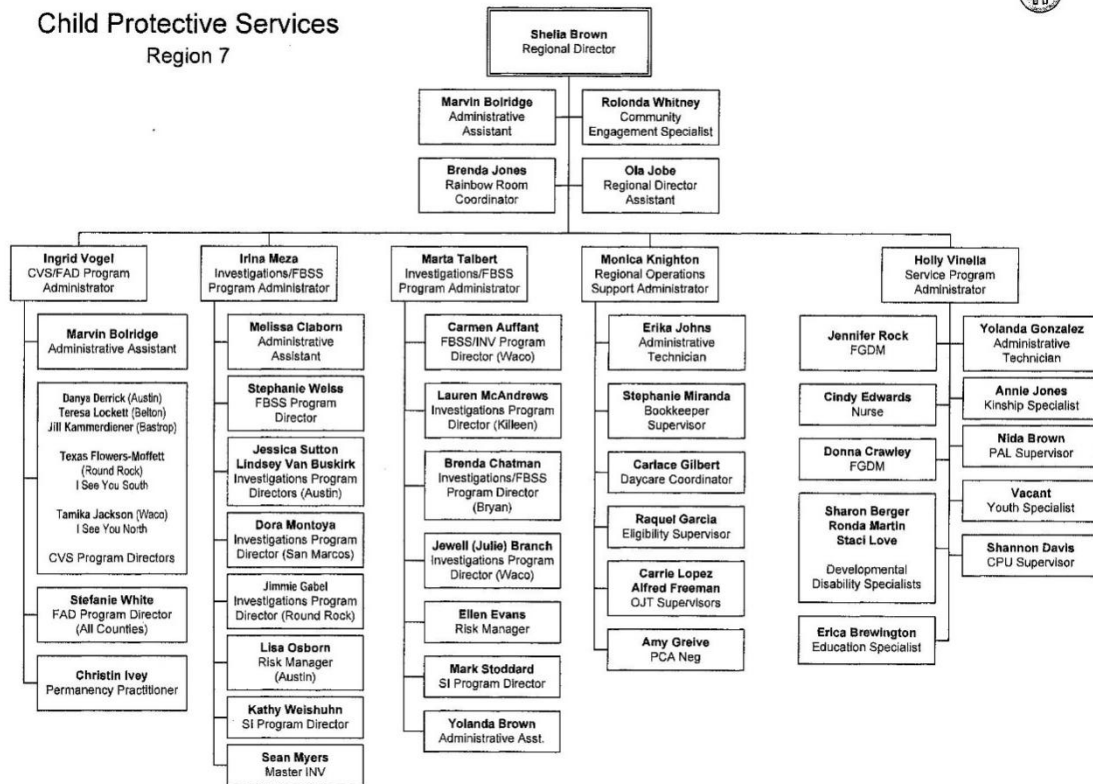
Child Protective Services  
Region 6



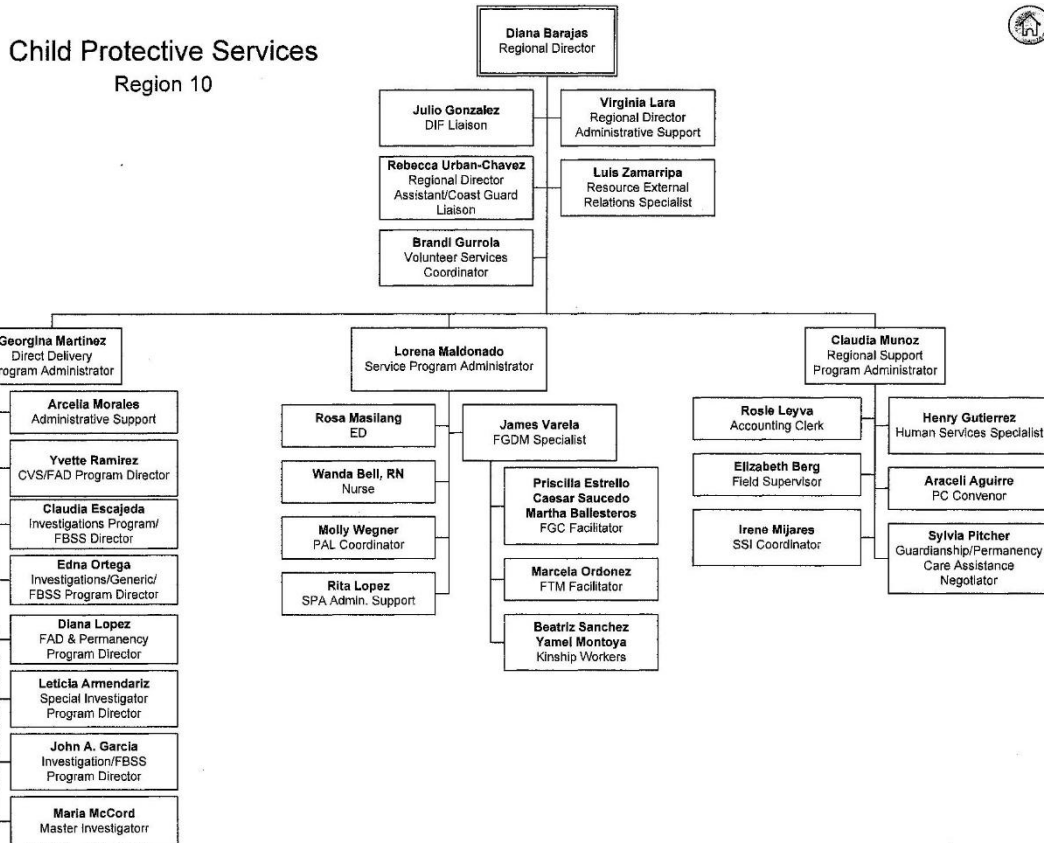




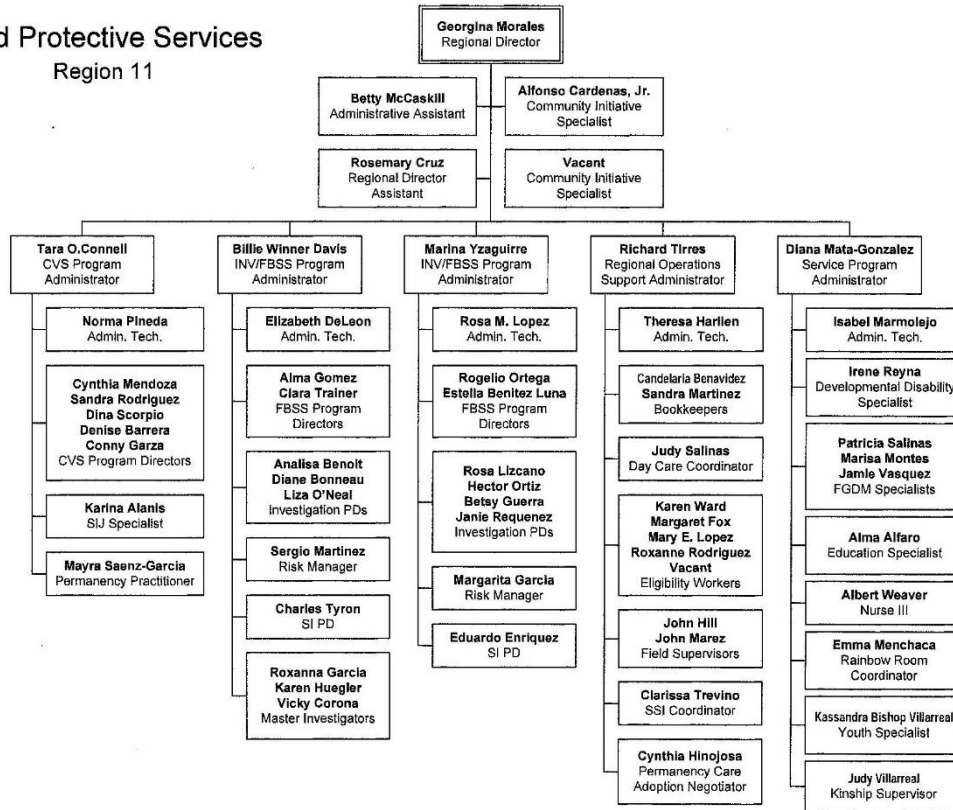
Child Protective Services  
Region 7



Revised 01/01/2014



Child Protective Services  
Region 11



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## APPENDIX L: LIST OF DIFFERENCES BETWEEN REGION 3 BASELINE AND THE OTHER REGIONS

Note: In this Appendix, TSG presents the list of individual differences identified by the regional focus groups. The numbers refer to numbers in the associated process maps included in the following Appendix.

### *Region 6*

#### **Investigations Process Differences Region 6**

1. Screener is missing
2. P1 Staffing not P2
3. Directives (something you are told to do) only for new workers, if needed
4. Criteria check list (everything you need to do complete case) only for new workers
5. L.E. happens earlier.
6. L.E. doesn't go along 35% of the time for this region
7. Run TIERS to go hand-in-hand with IMPACT (Screeners, some secretaries and experienced workers have access to TIERS). TIERS is updated regularly real time.
8. Courtesy request rarely submitted
9. Travel
10. No outlook at this point, do it later.
11. Decision of all the different places I need to go (they don't enter this in system, just make notes on their folder)
12. Not really a choice of whether you go into a neighborhood or not (depending on safety risk).
13. Staff before we prepare the affidavit.
14. School interview should go before the home.
15. If abuse and neglect allegation then schedule forensics interview. Sexual abuse allegation, disclose to supervisor, and then schedule forensics with CAC. Worker keep case.
16. Take photos should be done while interviewing the children (before parents). Date and time is not captured in IMPACT unless worker labels. Date and time is not stamped on photo either. "If I can upload 10 pictures to Facebook, I should be able to upload to IMPACT." Time consuming to come to office to get broadband to upload photos.
17. Provide business card and identify yourself.
18. Harris County send to FTM referrals mailbox
19. FTM specialist (not FGM). FTM is supposed to meet immediate safety needs of the child where FGM is for long term needs.
20. FTM contacts family and coordinates

21. FTM and CPS staff develop the safety plan.
22. More like 80% going to FBSS, not 50%. They have not ever seen any hard numbers on this.
23. Contact the collaterals for the relatives/close non-relatives. Rely on IMPACT to check records of relatives/non-relatives. If IMPACT is not updating out-of-state, they don't get it. "IMPACT is not always thorough or accurate."
24. Only as needed.
25. Sometimes have to repeat (a couple of times) and still won't check out and you have to go to removal.
26. Keep confidentiality (let the parents explain). Might be an issue with policy here because some workers tell too much and some don't tell enough.
27. Staff and, if necessary, report abuse or neglect (if applicable start PGSP process again). Need to keep in mind the number of children in each case when talking about caseload. In one case you may have 10 different visits because the kids are spread out all over the place. Supervisors don't take this into account when handing out cases. FBSS doesn't consider number of visits when handing out cases. CVS documents caseload by individual children.
28. Contact voluntary placements – differs from county-to-county and region-to-region. In Harris County, they go straight to voluntary placement (if shelter has room), in other regions they got to CVS
29. Safety plan needed in a PCSP placement
30. Ask the questions of protective parent before you do the safety plan.
31. Monitoring should be a step in process instead of "What's Next?". That's what they mean here.
32. Safety assessment is done after safety plan, you take custody and finish interviewing principals in the case. Can't do risk assessment before you do safety assessment (which is done in person, not over the phone). Have 7 days from intake to do safety assessment.
33. Dispositional staffing comes after you have completed the risk assessment. Dispositional staffing is done in the office. Same as Region 3's "staff case with supervisor if case is past 30 days".
34. Show cause (non-emergencies) should be 25% and emergencies should be 75%.
35. Show cause petition filed (they called it "base petition") via email with legal. Put into IMPACT in certain places. Would be excellent to have entire document uploaded into IMPACT in external documentation. One person mentioned that was a place to put it in there, but if the workers don't know where it is it doesn't do any good. Under "Legal" tab, there could be a place for legal documents. You can scan documents (medical records) into the system, but nobody is telling the workers how to do this. Having some of these docs in the system "would take two hours off of the process."
36. Notice of Removal to parents before you take possession of the child.
37. Request placement before you take possession of the child.
38. Blue bags aren't important, it's the contents.
39. Documenting in IMPACT after removal is day 2
40. While sitting at office, waiting for placement to come in, you need to get all of your paperwork done.

41. When decision is made for an emergency removal, supervisor should be calling other workers and at least 3 people helping placing the child and work through process. The team is important in case there are multiple kids involved that need to go to multiple places. Case aids are important. "This is why we say it is a team effort."
42. Case aid can coordinate and attend visit.
43. 1 in 20 actually do 72 hour visits. Some in group say they just have to schedule within 72 hours, not actually visit. Also, weekly visits don't happen.
44. CVS does child's plans.
45. Staffing with CVS. (They try to do it before this at ex parte hearing).
46. Hand of to CVS.
47. File medical consent and resource affidavit before hearing.
48. They don't reset for trial in Harris County. Judge will rule if agency remains temporary conservator. They do the trial right then. Region 3 may rescheduling another hearing when the judge could make a decision right then and there.
49. Mediations in outlying counties before the hearing. Mediators are attorney and judges.
50. Need medical release done for child (medical exit exam)
51. May leave a case open after judge has ruled.
52. Instead of downloading on Day One, they download when case closes.
53. Secretary actually sends the case to RIO. Secretary batches cases together, labels them and sends it off. IMPACT doesn't allow all of this to be scanned, so if family returns the file has to be sent back.
54. Determine family's willingness to participate when completing the safety plan.
55. PD's are going to make it happen
56. Do home study if they take custody

## **FBSS Process Differences - Houston**

1. Make your assessment after you meet with the family.
2. Pre-visit staffing.
3. For inexperienced workers may be a post-visit staffing.
4. Instead of 50/50 its mostly regular, and a few moderate cases.
5. Can't see a child until the case has been assigned.
6. Contact family before you see the children.
7. Build rapport with the family and allow them to tell their side of the story "because (families say) investigators are always wrong."
8. Don't use collaterals unless they are needed for a placement.
9. Hardly ever do FGCs in FBSS. Alternative response investigations will be receiving cases for families with no prior history in some instances.
10. Daycare is not automatic, only if needed (for safety or if parents need it to get to a job).

11. Safety assessed throughout the entire FBSS case, not just at one point.
12. Produce 2054 before you monitor (at time of FPS).
13. We don't use Child Resource Caregiver Forms.
14. Need a child transport form
15. Will call attorney and run the facts by them and see what they think (is there enough evidence to go forward) before spending a lot of time drafting an affidavit.
16. Request placement if needed.

### **CVS Process Differences - Houston**

1. CVS worker receives the case after it be assigned to subcare (investigations opens subcare stage)
2. Supervisor calls with assignment and reviews the facts of the case with the worker and clarifies goals and necessary services.
3. Post removal staffing is not applicable to conservatorship in Harris County
4. May or may not have FGC. Might add some services before filing with the court.
5. Family plan
6. Generally cases come to her in the placement that they are going to stay in. She may put her name in there as the back-up consentor, but that may or may not happen.
7. Request permanency conference does not come out of her either. Only if no FGC 3-4 months in and maybe two or more over a year.
8. Must contact parents earlier
9. Never seen a Native American case
10. Ongoing – psychosocial. Must be submitted with the family plan.
11. She wants to meet the children before she does the family visit.
12. Make contact with children and foster parents
13. Services before the visitation takes place, but the visitation plan needs to be with the family plan
14. Ongoing /may be in foster care or kinship care when they come to her.
15. Occasional
16. Have to be a principal in the system before you can do a background check.
17. Working with kinship on this.
18. The CVS home study is a much more thorough, in depth home study than what was done during investigations. Only going to request a home study if there is a new placement for the child with a relative or foster home.
19. She has already filed the family plan with the court by the 14-day period.
20. Child service plan must be filed within 45 days (not filed with court) of when child came into custody. IMPACT notifies when this is supposed to be updated (medicals, dentals, foster care reauthorization, etc. are due).



21. Don't file Child Service Plan
22. She doesn't staff with supervisor/D.A. (at least not at this point)
23. Permanency hearing (not a status hearing)
24. Families request the FGC, not CVS.
25. Only submit family plans once to the court and then verbally update the court when needed. They do update the family's plan.
26. Staffing with Supervisor and County Attorney happens at the very end for them.
27. After second permanency hearing
28. Reassess goals. CVS worker is talking to parents about permanency from the very beginning (its ongoing).
29. How are these different?
30. 3,6 and 9 month permanency hearings, then trial. No decision at the second hearing.
31. No extension here?
32. No such thing as the PMC unit ("I am the PMC Unit"). Saddest stage of all is when the kid just ages out of care.
33. Go to the judge before we allow the child to go home or unsupervised visits.
34. Don't do affidavit
35. A month or two of in-home visits prior to hearing
36. Don't have the second permanent trial in Harris County.
37. Legal risk broadcast if not an option for reunification and don't have an adoptive family on the table (RAS)
38. PMC (Permanent Member Conservatorship)

**Region 8*****List of Differences between Region 8 and the Baseline Process Maps*****Investigations Process Differences Region 8**

- 1 Comes in as P1 or P2. Then investigation screeners can downgrade, make collateral contact, close without action for P2s.
  - 2 Region level routing, Bexar county level routing, program level routing to units/investigator, Supervisor screens it, then may be transferred to special unit (military, domestic violence)
  - 3 Don't contact report if done by screener; if anonymous, no info
  - 4 Admin runs TIERS check, criminal history, CPS history when intake first comes in
  - 5 If they said no and staffed with supervisor, will call for Motion to Investigate, will not try to enter again.
  - 6 Only ask for Special Investigator if can't find family
  - 7 Interview everyone before we schedule care team exams and forensic interview
  - 8 Some workers don't upload photos until they close the case
  - 9 Investigator contacts the family for Family Team Meetings
  - 10 Have to fill out referral form, all interviews, risk and safety assessment must be completed, close case and submit with copy of safety plan to supervisor. She submits to FBSS mailbox, goes to router, they assign it to unit/worker, then schedule joint visit.
- Explain disposition, explain about letter saying case "closed" (policy to send within 72 hours after closing case), make sure family understands that case is transferred
- 11 Get PA, then Asst DA approval for removal May be verbal.
  - 12 If parent can't be found, leave documents on the door or with family members.
  - 13 Once get approval from Asst goes to DA; if have time, will request placement before doing removal (babies in hospital).
  - 14 Central Placement Unit – In house unit that will find a placement, they generate forms you need, you return the forms and they will find the placement for you. They give you home studies and investigator and choose the placement. Take special requests, needs, locations into consideration.
  15. Placement forms: med consent, education form, discipline policy, one set for each child. Many foster placements will have their own forms. Need hard copy to be signed by placement, some by older kids. IMPACT will generate some – will have to go to office to make changes and reprint out. Can't extract info from IMPACT Persons List to fill out (multiple!) forms. Takes time to explain each forms, kids not all in same location, or same placements.
  16. May be able to get a diaper bag, etc., but not automatic. Children shelters don't allow outside supplies, some foster placements provide own bag; foster parents required to provide supplies. Have to be at Pickwell location to have access to resources, no more Rainbow Room; don't want to give kids garbage bags.
  17. Differences even across units as to whether to request child care for emergency placements at a foster home: Enter day care request in IMPACT, approved through IMPACT, and generate 2054. Since September by legislation: new day care form for caregiver to fill out attempts to get community day care before they can apply for paid services. Need to send letter to supervisor addressed to PD requesting day care and why to get approval.

18. Subcare stage must be done: Foster eligibility has to be submitted.
19. In emergency removal, write affidavit to submit by 9am next day, then judge calls at 1 that day, briefly tell him about case and he approves or denies.
20. Ex parte done by phone.
21. Generally have time for one visit, unless something happens, reset, and have to do periodically
22. This is really the start of the closing process, not done before emergency removal
23. Have to see child in new placement within 24 hours, or request courtesy visit.
24. Should be done before post removal staffing, not initiating child plans any more.
25. Has to be done before going to court for 14-day hearing; visitation plan e-filed, not whole binder; try to do home study before court hearing, too.
26. Need PD approval
27. Normally not do drug tests            If drug history had shown up in criminal history or collaterals, would not place there.
28. If becomes a removal in a PCSP, have to do a home study. Major differences: 1) More layers in assignment/screenings at beginning – helpful; 2) Safety assessment done after a lot of the work, background checks, collateral checks, get affidavit in, especially in emergency removals; Will do earlier safety assessment if have time.

**FBSS Process Differences – Region 8**

1. Inv submits referral to FBSS box first, then goes to supervisor, then goes to worker, then assigned to caseworker (this is first time caseworker hears about case). When assigned to caseworker, already know staffing date and who Investigator is. Caseworker then reads the case, contacts Investigator (or they contact caseworker), and schedule joint visit. At joint visit, Investigator explains to family, the case and disposition,
2. Verify family will participate in services. They do have an option, but if they don't want services, then goes back to Inv/Family Team Meeting. This joint meeting is to explain their options, clarify what investigation is, explain what FBSS is/entails and that it is a support system for the family, verify if family ready to move forward. Then Investigator leaves and caseworker completes assessment with family, discuss possibilities for service plan, create, try to initiate services. Questions asked will be different, depending on social dynamics of the family.
3. After assessment, do transportation forms, crib requests, bear care forms, give them custom handwritten (created for specific family situation, i.e., assemble crib, clean bathroom) to-do list what they need to have done for next month – check list covers caseworker until case is officially transferred to FBSS (so we can connect them to right providers). Don't want family to just sit there waiting for services, this way family is already engaged in services by the time caseworker gets to them. Another caseworker just gives them a packet of forms and a checklist caseworker created and used in her unit. None of this is in IMPACT. Documented in notepad, and stated in IMPACT.
4. Family might decide not to proceed with services, goes back to Investigations and they hold Family Team Meeting.

5. Supervisor schedules before it's assigned to FBSS caseworker, joint with Investigative worker.
6. If FBSS refuses case, or if family refuses services – goes back to Investigations. Sometimes do assessment to build richer case to protect CPS. Often don't know that case not appropriate for FBSS until after assessment. CPS gets credit for doing assessment, and also may clear family of allegations. If FBSS decides to accept case, it is assigned to caseworker, then have 10 days to do initial contact
7. Type of case is decided even before it is forwarded to FBSS, because units specialize in types of cases. Within 10 days tell family face to face that FBSS has case
8. Gap: after joint meeting, has 10 days to hand off to FBSS; then FBSS has 10 days (not 7) to visit – could be a whole month between joint visit and first FBSS caseworker visit. LOTS OF CONFUSION about hand off of services: break in communication between Inv and FBSS at handoff.
9. Inconsistency – some caseworkers will refuse to work a case until they have the physical binder (admin has 14 days to send), some workers will work a case without a complete file. – human factor: try to start work so family does not have to wait. Unannounced and announced visits 2x month if <5, 1x month >5 years.
10. Create/type up plan of service based on discussion with family within 21 days of assignment.
11. Bear Cares – county community initiative Center For Health Care Services, school district people, juvenile probation officer – school age children, based on mental health/behavioral issues, based on scoring on a test – quicker assessment and services, controls risk factors; Investigations has Bexar cares unit and can initiate those services; for county funded units FBSS and Inv.
12. Monthly conferences with supervisor on all cases to determine “Safe?” Close or not close, and by when? – frequency of meetings not consistent across units. At monthly conference, decide whether to 1) Continue in program; 2) Unsafe and refer to next steps; 3) Close out case – Process: no active 2054s, daycare? Documentation complete, photos/docs downloaded, monthly evaluation, closing summery, risk assessment, background checks complete, Safety checklist, all signed and current family plans of service, CONFUSION and inconsistent approaches to paper documentation; 4) Re-evaluate plan of service every 3 months, add as necessary (psychiatric, day care, etc.)
13. Cases at 6 or 9 months are staffed with PD. May close case based on completing services, recommendation from providers, etc. Inconsistency among units regarding numbers of removals/PCSP, MTP: Admin last week did: 5 removals, 15-20 PCSP, mostly MTPs
14. FBSS modifies Investigator's service safety plan and revises it periodically during staffing. (Need valid updated safety plan when it arrives at FBSS. Inv safety plan must be valid before it arrives at FBSS, then can be modified. Inv bring updated safety plan to joint visit to be in effect during handover.) Icon: “3”  
Close case
15. DAWG Bounty Hunter – used when unable to locate parent
16. At end of case, if legal intervention not happening, exhausted all else, close case. If another call comes in, goes immediately goes to legal.
17. FBSS can call a case in and get an investigation. CVS call in cases only if someone has a baby.

18. Investigation assesses the home. FBSS can request a formal Home Study. Both uses same form, but actual study more in depth, takes much longer.
19. 50% approved, 40% not – often court ordered (in spite of criminal/CPS history and worker knows they won't pass, 10% family withdraws. When doing safety plan/PCSP, already looking at home.

### **CVS Process Differences -Region 8**

1. Court order kicks off case first with removing affidavit telling us when our 262 is. While case is still in FBSS, prior to coming to CVS, CVS is the secondary worker, but there is still a chance at 262 that kids could go back. Look at history of why case came in, then do post removal staffing.
2. Post Removal Staffing (usually in person meeting): Assignment done by supervisor based on severity of case (serious injury, child death, caseloads per workers, whether people in unit are new/tenured, no geographic boundary,). How does this happen? We are mobile, but usually unit is always here once/twice a week, talking to supervisor. If new case comes in, she writes on board, # kids, type of case; admin prints out numbers, discuss severity and numbers, then assigned and added to calendar for post-removal staffing. "Here are cases, you read them, figure out which ones you'd be the best for"; then supervisor approves; discuss cases a lot with each other, if someone leaves, we can easily pick up. How do you follow initial decision with team input? During staffing; we all have same court dates, so we sit in on and watch each other's hearings; we accompany each other on home visits – don't go alone; we assist in parent-child visits. So we know what parents other case workers are talking about and can cover for each other as needed.
3. Don't know what "Submit services to DA" is – when submit affidavit, then investigator will write the required services and send to DA, or , in Bexar County it is submitted to ad litem or parent's attorneys; sometimes judges will add stuff
4. 113 kids still with parents, so may do emergency removal and placement immediately right after court; (262 is non emergency); right after placement (may be at midnight?) paperwork due within 24 hours after the placement (IMPACT and forms for file, printed out ); if 113 placement, need to also change med consentor to foster family
5. Reset court dates: If parents weren't served and didn't show up at court, caseworkers still have to do visits; some caseworkers go out in person to make sure they've been served; sometimes reset if other cases take long; cases are often reset for new date; if not reset for a later date, can move forward, get case assigned to CVS officially at court and proceed with CVS process; frustrating for child/family – often not thought about, families still have to wait and wait.
6. Native American question not a CVS question, happens at INV stage, already established and known what tribe we're dealing with. Confirming information from Inv when we do assessment for FBSS, some same questions (name, SSN, Nat American, - because sometimes parents move, phone changes, just guessed their SSN, prior worker did not verify documents/physically look at them, alleged dad not entered in IMPACT), some new questions. There are certain things that need to be entered into IMPACT at very beginning. There's also a form asking about Native American when doing the removal

7. CVS does not do diligent search, it's done by the removing unit: Inv or FBSS, affidavit states who did it; we have to make the effort to find the parent, actual diligent search done by DA
8. If judge approves 262, CVS has no choice. Court assigns to unit on rotational basis per DA and then by unit; unit decides which CW gets case. Background checks on relatives, etc. also done prior to removal. If there are relatives that come forward in investigation, then inv does background and does initial home study, if anyone comes in later, then CVS does background checks, if ok, then submit paperwork for home study
9. Decision: Leave kids where they are in current placement, or new placement? New placement triggers next two boxes.
10. Sometimes submit request for home study but not completed by time of placement; can only do one home study per child at a time, if unfavorable, then can do another one. May have multiple home studies if several children, sometimes interregional, depending on number of kids; don't just submit home study, when in CVS, do background checks, have to actually go out to home and assess the home.
11. If no money, can do a home study with supervisor or specialist (often happens in kinship); if PD gets home study, they can approve it, but still don't have to place there; weigh case and contact ad litem and determine what is best for child. Only do one home study on a particular home, does not have to be redone by different programs. There may be an addendum if enough time has passed, if relative moves, moved to a new house, there are new people living in house. Can do only one home study at a time, if the home passes, that is placement, can't do several and then choose; occasionally a judge/court will call for multiple home studies and then decide. Who decides if home study approved? Home study used to come in with recommendation, but not anymore. PD approves, then sent to ad litem, if agreed to, then move child; family can still withdraw during process of home study – then placement is denied. If placement out of region, will place, and request courtesy worker to be assigned; communication is difficult – all goes through ICPC through state office; some states additionally require placement to be licensed foster home.
12. Kinship can be invited at post removal or at this point. Once it's a legal case, then contact caseworker and set up kinship.
13. Nowhere do they offer family services to the family. We offer Family Group Conference at post removal staffing to come up with best solution for child; if we do Family Conf before 60 day, then Family Group Conf (FGDM) will write the family plan, with input from family, their support system. This takes work off of caseworker. What are criteria? Parents can request FGDM any time during the CVS case; caseworker, family, attorney can request Family Group Conference.
  - Submit service plan (based on family history, previous investigations, service provider recommendations, judge input) to supervisor for approval, give paper copy to supervisor, she will correct, set up in IMPACT, meet with family to review plan and sign it, add information about their support system, their community resources, make copy for family, then file it. If can't get meeting with family, will submit plan without family review.

- As develop service plan, need to decide how to match family needs to interventions or services: some services will be mandated and we know will be there; others are based on availability and need; give family need assessment – may give additional info for service plan.
  - First contact with child is 10 days after 262; if in foster home, they will do ECI; if in relative home, then CVS does ECI (Early Childhood Intervention: development assessment for children under 3 years old) (medical consentor has to take child for assessment – usually foster parent or case worker)
  - First contact with child is 10 days after 262; if in foster home, they will do ECI; if in relative home, then CVS does ECI (Early Childhood Intervention: development assessment for children under 3 years old) (medical consentor has to take child for assessment – usually foster parent or case worker)
14. Physical observation of child must be within 14 days with foster families – they have guidelines they have to follow based on the placement, sometime less time per their own rules. 72 hour federal requirement is only for licensed care.
- Service plan development: when family comes in for first visit. Possible services to provide not listed some place. No specific guidelines on what services to include in plan, depends on why child came into care, age of parent; sometimes depends on interpretation (is pushing considered family violence?), have to probe and ask questions. Domestic Violence assessment takes 2-3 hours on 2 parents, if + 3 kids, then takes all day.
  - Service plans very similar, 90% are the same. Domestic Violence Pilot – can't do cookie cutter service plan, have to do individualized plan.
  - Supervisor will sometimes handwrite in additional recommendations for the family, change wording; sometimes add a whole new kind of service (empowerment, anger management). Sometimes supervisor will cover a staffing if caseworker can't go, and will learn info there that will affect service plan; supervisors will often make recommendations based on policy they know.
  - How test efficacy of intervention? Service plan may be modified based on provider assessments or recommendations. Only use services that are available. Know what is available from lists, active services you've been using, from personal experience; have to create a resource list in BSD training. (Parents pay for nothing, CPS contracts for services; perpetrators have to pay for their interventions.) One caseworkers has own list of providers that don't need 2054s (pmt auth for contracted providers); other resources include Medicaid, community services, etc.)
  - A lot of this not taught in BSD: no specialized tracks, no specific knowledge; mentor provides any specific learning; one worker/mentor has trainees physically do some of the processes not taught in BSDs; for example, they don't learn how to do 2054s because admins are supposed to do them, but some units don't have one, or they are out, so caseworker needs to know how: most done by caseworkers.

15. Go to “resource queen” – informal process for finding right services, availability, that is convenient to family, meets their needs, maybe a new program if previous one didn’t work, or a program with correct focus for that family. Availability of resources not an issue in Bexar Co., but no resources on borders of Bexar Co, especially if clients don’t drive, even some in-home providers won’t go out there. The problem is not availability, but knowing who is available; it’s about sharing and communicating; one caseworker adds 211 number to parenting plan to call for services, alternate services.
16. Don’t talk to DA, no individual staffing – have monthly meeting with legal liaison and DA to only talk about cases going to trial: do we have service on all the families? do we need to look for more people associated with family? do we have permanency for kids?
17. Permanency Conference is done at beginning if parents are available. Only have conference later if parent don’t show up at earlier time. Don’t have formal staffing, do staffing with supervisor every day as cases come in. It’s different in FBSS/every unit. 4<sup>th</sup> Staffing – don’t do here in Bexar Co, county law in Houston that requires that, not required in Bexar Co.
18. Do not usually look at Reunification until 2<sup>nd</sup> permanency hearing, but can look at it this early; already doing periodic visits. Could start process after 6 months to request reunification staffing at court, but can only ask court for reunification when child/parents are ready today, after assessing parent’s progress on services, maintained sobriety, housing, etc. That is the first thing court will ask for. At reunification staffing with PD, they tell us goal/plan for reunification; we cannot do reunification unless have prior approval from that staffing.

During first 6 months, need to:

- visit child, parents,
- track parental engagement,
- track their plan;

Can have staffing early (3-4 weeks out because hard to schedule) so you are ready with recommendation for the reunification hearing. Before requesting reunification, need to:

- Has family completed their service plan – must be yes
- Verify services used
- Verify continued, stable employment
- Have safe and appropriate housing
- Speak with individual therapist regarding their recommendation or if they are requesting more hours with parent
- Monitor visits, and interaction, report how many home visits
- Process input from children
- PD staffing
- Get info from service providers, some do periodic reports, provider driven not state driven;
- Review contractor reports



If service provider is not providing information, then caseworker has to go get it. Need rapport with service providers; if not getting reports from contracted providers, go through contracts.

Home assessment is part of decision for Reunification, maybe have to go back out, but in reality, we assess the home every time we're in the home.

19. No affidavit for monitoring return: start transitioning kids before hearing with supervised visits.
  - Staff with supervisor to start day visits: a few hours on weekend, unsupervised. To start overnight visits into home, need PD approval. Then talk to everyone and do that several times, talk to kids.
  - Morning meetings – informal, but their supervisor is unusual in allowing them access all day. When meeting in supervisor's office, present new cases as they come during the meeting; that supervisor has no turnover, but if someone does leave, it helps with flow/handoff to someone else. This unit most tenured in CVS – attribute it to supervisor and how much we can talk to her.
20. Placement hearing only when not have ATP from attorney filing with court, can use authorization to place instead
21. Face to visits (actual, not attempts) – weekly unannounced for first month, second month every other week, then twice sometime during third month; ask to monitor return for at least 3 months; sometimes will visit at school where can talk to children a little more freely.
22. Appeal process, can't transfer to adoption until appeal process closed.
  - If judge does PMC to relatives, then we're done.
  - What needs to be fixed to make CVS work better? What is broken? What are issues?

## Region 11

### *List of Differences between Region 11 and the Baseline Process Maps*

#### **Investigations Process Differences – Region 11**

1. Decides who gets assigned case (extra criteria in this region).
2. Before doing initial staffing, already done research on family/case history so meeting with supervisor can be productive.
3. TIERS check is done by steno prior to initial staffing meeting (steno will put together folder). Steno looks at caseloads of workers as well to let supervisor know how to assign case.
4. If P1, law enforcement is notified before investigators go out. (LE is housed in this office). If known gang member, LE will require that they go with worker.

5. Staff for courtesy request (has to be within 30 miles). Must be determined if they can request a courtesy. Each region has a different courtesy request form (sometimes they will have to fill out multiple forms because one region won't accept another region's form). This is the first in a series of steps to determine if a case is transferred. If P1, courtesy should be completed within 24 hours. If P2, courtesy should be completed within 72 hours.
6. Assess the environment should be done throughout the investigation (even into FBSS and CVS).
7. Document on Outlook prior to going out. She will put case name, and "HV" for home visit, CAC or "SV" for school visit.
8. "May I enter?" would be over with the home visit.
9. "Calling supervisor to discuss" would be done in some instances before going to home because if they did an outcry they would want to discuss safety plan, etc. There is no set place for this. It could fall in a lot of places. No one case is the same.
10. Have to do 10 things before submitting the request form (proof that they made attempts). And then they have to fill out the SI Request Form (and each region has a different form).
11. We would staff prior to making a decision if it is an UTC or MTA (are parents cooperative?). Would staff with legal, worker and supervisor (or PD). Driven by legal's schedule. Case is on hold during the time waiting for legal because they need to get legal to approve affidavit, which is filed with the court. It usually takes a week to get back from the court. Affidavit is based on past history. If more serious case they are probably pursuing a removal.
12. Usually take photos when interviewing the child.
13. Would provide business card to parents at the end of the interview of parents.
14. Do PCSP while still in home with the family. Do criminal background check on laptop while in home with family. If no connectivity, do it over the phone with admin.
15. Don't do drug tests on PCSP people.
16. Voluntary manual and safety plan they have to provide to voluntary caregiver. Either worker or voluntary caregiver is transporting the child. To this point the process has taken a half-day to a day.
17. Emergency removal – determination if it is emergent or non-emergent. Many factors (home environment, willingness to cooperate, risk, etc.) go in to determination.
18. Judge in this area used to be in foster care. Doesn't want CPS to be involved unless they have to be involved. He has a lot of standing orders (can't remove a child from school, etc. – received latest copy of standing orders from Region 11 staff). Pretty much have one judge that they deal with. If there is any mention of domestic violence he would order that CVS be removed and FBSS services provided. He once Court ordered a worker to learn sign language. He also Court ordered a worker to clean someone's house. Judge has recently resigned to run for County Commissioner.
19. 2087 form is done as soon as they find out that they have a child that is coming into care.

20. Risk assessment has to be done within 30 days or it triggers another visit to see children (Region 11 requires this visit, where some regions can get extension). One worker said that it depends on the age of the kids (younger kids require a second visit).
21. Refer to FBSS, staff to ensure it's appropriate for FBSS. Complete risk assessment, safety plan and wait for FBSS supervisor approval (must be done within 24 hours). If it goes IFP (Intensive Family Preservation) the supervisor just routes it to appropriate staff and designates moderate or intensive.
22. FBSS
23. PD is not required to attend the staffing, but everybody else is. As an investigator you want to attend staffing because you want to advocate for your family and get the case transferred over.
24. Complete any task required by FBSS staff in staffing (amend safety plan, do drug test, etc.)
25. Exchange of the binder (case is not closed for investigator yet). It takes an hour to put together a binder. Binder is generally only used if a court needs to see records at some point in the future.
26. Burn disc in all three paths coming out of decision box.
27. Staff case with Super, if over 30 days have to make another face-to-face visit to see children. (Region 11 rule)
28. When they send cases to records dep't/storage they can only send 10 boxes at a time (even if there are 30) because of costs.
29. Stenos monitor log of letters (two letters printed person. They send one and they keep one).
30. Don't have PD present for staffing. FGC is present.
31. Don't initiate child's plan.
32. Educational binder. We create the binder, but with Judge can't withdraw child from school (judge's standing order). Visitation plan only for FAD home.

#### **FBSS Process Differences – Region 11**

1. Referrals can come from court, CVS, Investigations, other regions and can come from inside FBSS.
2. Investigator/referrer sends Risk Assessment to Supervisor. Supervisor sends to box and administrative assistant forwards to FBSS supervisor. In Region 11 an Investigation Unit is paired up with an FBSS Unit. They seem to think this is a beneficial change in theory, but is like “the blind leading the blind. Nobody ever explained to us how it is supposed to work.”
3. Each FBSS unit has workers on rotation. They are assigned to workers.
4. Two boxes combined – “Family willing to accept services” box is combined with “Assessment”.
5. Don't require PD to be at assessment.
6. If we're staffing here we are staffing for an MTP (Motion to Participate).
7. Case is transferred as soon as possible (sometimes it is the next day, sometimes it is the next week). This is why FBSS workers are included as “secondary” when a case is assigned.
8. 7 days for regular case, 24 hours for intense and 72 hours for moderate.

9. Combine Case Transferred to FBSS and Caseworker waits for case to be transferred (see letters on chart for re-sequencing of boxes).
10. Determine what services will be offered (always done before the FBSS worker goes out to visit the family).
11. 2054s generated at the same time as the Family Plan of Service.
12. Daycare form is submitted with other 2054s.
13. Contacting collaterals is ongoing. Refer to Region 7 monthly monitoring process but where it says “removal” it could be MTP instead. Utilizing PSP is another alternative to removal.
14. Frequency of family visit varies by case type (regular, moderate and intense).
15. Monthly conferences with supervisor ongoing.
16. Print contacts for entire case, ongoing plans of service, safety plans, case notes, police call-outs, criminal background checks (every 3 months), etc.
17. Base petition is really a Motion to Participate
18. Home studies only if non-emergent or removal.
19. Potential caregiver (instead of PCSP).
20. Contracted out. They do referral form for contractor to do home study. They sent FBSS hard copy and electronic copy with determination as to whether it is approved. If it’s not approved it has to go through supervisor for signature. If it is approved it is going through supervisor and PD for sign off.
21. Don’t do child

**CVS Process Differences – Region 11**

1. Don’t do services to the D.A.
2. Do not typically change medical (usually done in Investigations).
3. New box (move from forward)→ meet with the family at 14-day hearing (introduce self and give business card). Sometimes have them come back to office and address any issues that they would like to address.
4. Don’t do permanency conference.
5. Investigators determine Native American and start paperwork if relevant. (If not done in Investigations CVS will do it, but rarely the case now).
6. Do Visitation Plan in IMPACT when they do the Family Plan of Service, but not here.
7. In order to arrange parent visit have to contact child placement, visitation center to try to arrange dates and times, and do a 2054 referral form (that is sent to administrative assistant who enters into IMPACT and sends to contractor to do visit). CWA, caseworker, parent, contractor and foster parent are all coordinating to meet.
8. Get binder from Investigations, read through everything they have, and see what tasks need to be completed. Do Court of Continuing Jurisdiction and Paternity Registry search.

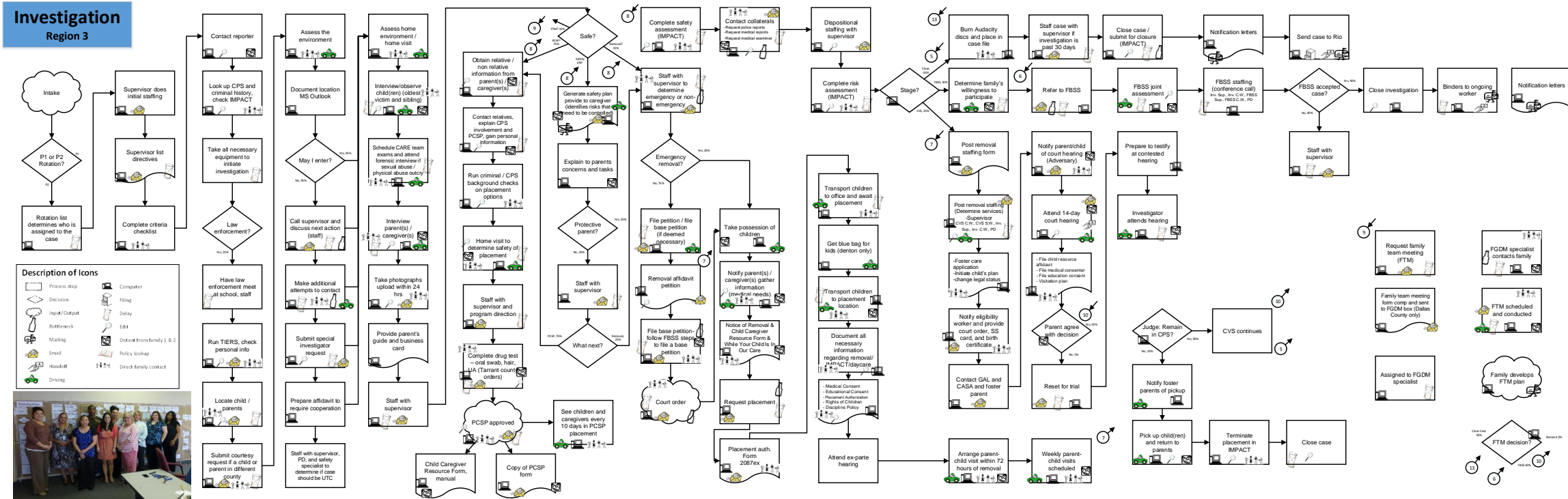
9. Before making contact with the children, have to contact caregiver that children are placed with. During these contacts the CVS worker tries to get as much info as possible for child's Plan of Service.
10. Not going to locate services in the community yet at this point.
11. Referrals and 2054s.
12. Move back toward the beginning because we want form processed so the child gets seen that month.
13. If they do have a placement option out of state have to complete ICPC request. Box in IMPACT now that allows worker to upload relevant docs and then it is sent to Austin headquarters and they send to other states. Process takes 3-6 months.
14. Once home study is approved worker has staffing with supervisor and PD to get approval for placement. If supervisor and PD approve, seek court approval.
15. Contact current caregivers, new caregivers to arrange date/time to move child, school (to get records from school), new school (to give new school records), CASA, ad litem, PD, do placement paperwork (if placement was approved). Go into IMPACT and change information. Can take half a day to complete paperwork. Info is duplicative to info that Investigator already entered. Only new information is on new foster parent.
16. Kinship Referral for services (goes to Kinship Unit). Form, affidavit, home study, Kinship Caregiver Agreement, Kinship Information Sheet (this form varies from region to region – would be good if this form was uniform). For example, Houston requires more info than other regions and sends back request and makes the worker resend all of the information.
17. In order to do Service Plans they have to contact the parents and have sit-down with them to get all of the relevant information to go in Service Plan for child. To do Family Plan must first determine if it is an FGC case, or are they completing plan with family. (That one box on the process map is about 5 days)
18. Medical Consenter is already filed at this point (done at placement). Don't do a Visitation Plan. Complete 2054 referrals to set up services.
19. Complete the placement and enter into IMPACT within 5 days to Supervisor (narrative). If it is not entered in IMPACT, state will keep sending money to previous caregiver.
20. File Notification of Placement Change with court, along with new Medical Consenter/School Change forms.
21. Don't staff with supervisors here. Would talk with Supervisor while going through process (ongoing).
22. Don't have Permanency Conferences.
23. Locate the parents – diligent searches, letter to last known addresses, etc. Contacting foster parents and schedule child visit. Have 7 days to enter contacts.
24. Do random drug testing (random drug testing occurs throughout the case).
25. Only time they request Family Group Conference is at renewal or if there is a Placement Disruption meeting.

26. Staff cases before updating Child Plans. If case is going toward termination, we get permission to switch courses during this staffing.
27. Don't do Permanency Conferences.
28. Standing Court Order can't talk to children without going through the child's attorney. Ad litem is only person that is allowed to talk to child other than their attorney.
29. Throughout process there are letters that are sent to interested parties notifying them of court dates, etc. No common letters in IMPACT that are automatically generated.
30. No permanency conference. Thinks it's just turned into a staffing with Supervisor now instead of having a permanency conference. Circles of Support referral done. FGC is main facilitator of Circle of Support meeting with education specialist, CASA, attorney, CVS worker, and disabilities specialist.
31. If reunification the worker will send letters, end placement in IMPACT, open up new stage of service FRE (Family Reunification), update Child Family Plan to say that they went home. New plan is different enough where they should have to start from scratch on this. The letter to parents explains in very simple terms (bullets) what they need to do.
32. Hopefully the visit to home happens before reunification. **(Disregard this one)**
33. Don't do affidavits.
34. If we have PMC will do Placement Review Hearing, if no PMC only have a Permanency Placement Hearing.
35. Before status hearing have to complete status hearing report.
36. Complete Permanency Hearing Report prior to permanency hearing.
37. Do second Permanency Hearing Report before second permanency hearing.
38. This region's cases don't necessarily go to PMC Unit, it will go to Adoption. Complete a 2054 to have HESGH (Health, Education, Social, Genetic, History) completed. If we have \$\$ to get these contracted, they do these. If not, they have to do them and they are long. Must be done 45 days after termination. Also, must fill out Adoption Readiness form.
39. Once Adoption Readiness Form is sent (and its accepted), schedule staffing with Adoption Supervisor, receiving adoption worker, CVS worker, CASA, ad litem, CVS supervisor.
40. A service level increase, which includes sending a packet.

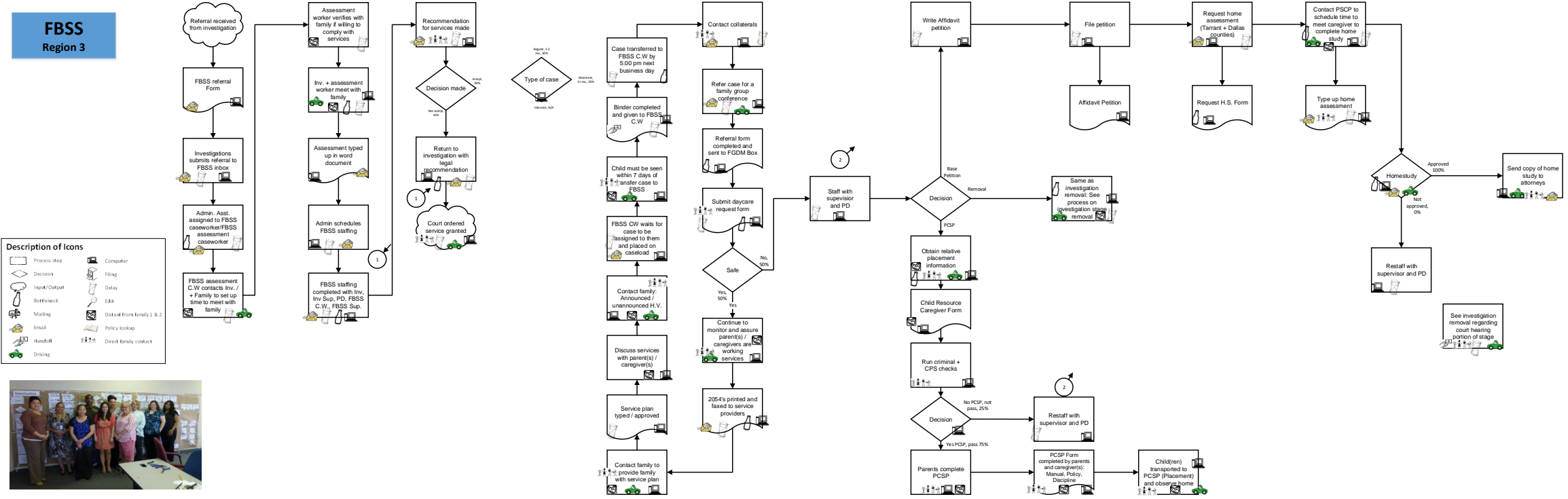
APPENDIX M: REGIONAL PROCESS MAPS

Note: in this Appendix TSG provides replicas of the process maps. Some readability is lost with the reduction. The reader is encouraged to refer to the full-size versions available in separate Visio documents.

Region 3 - Arlington

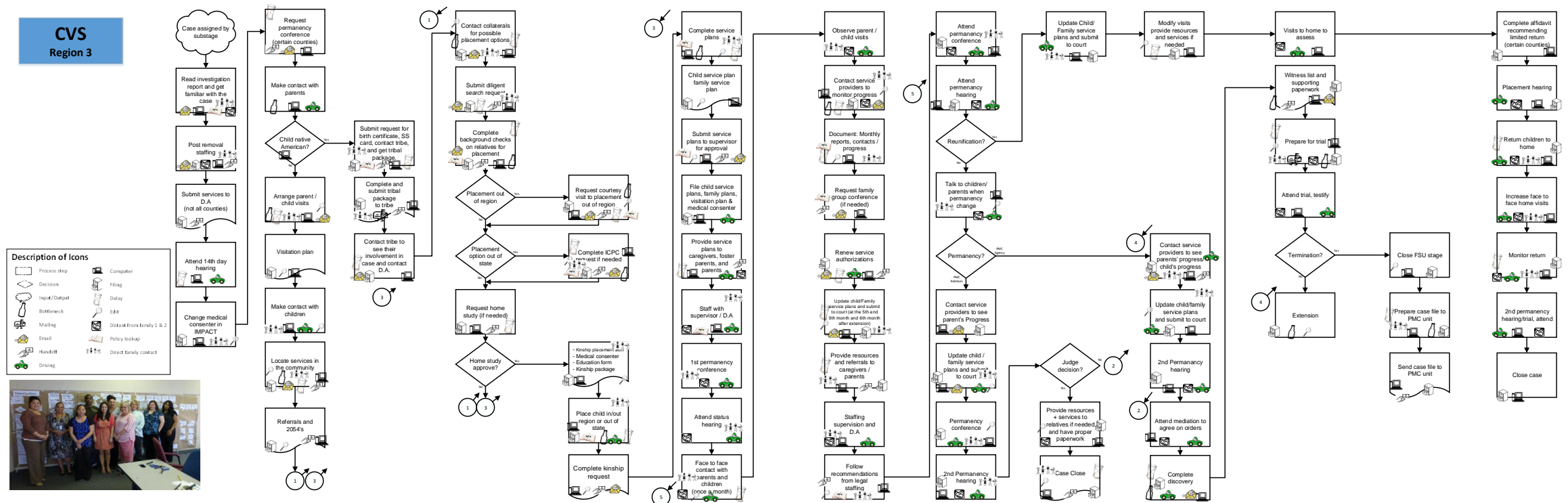


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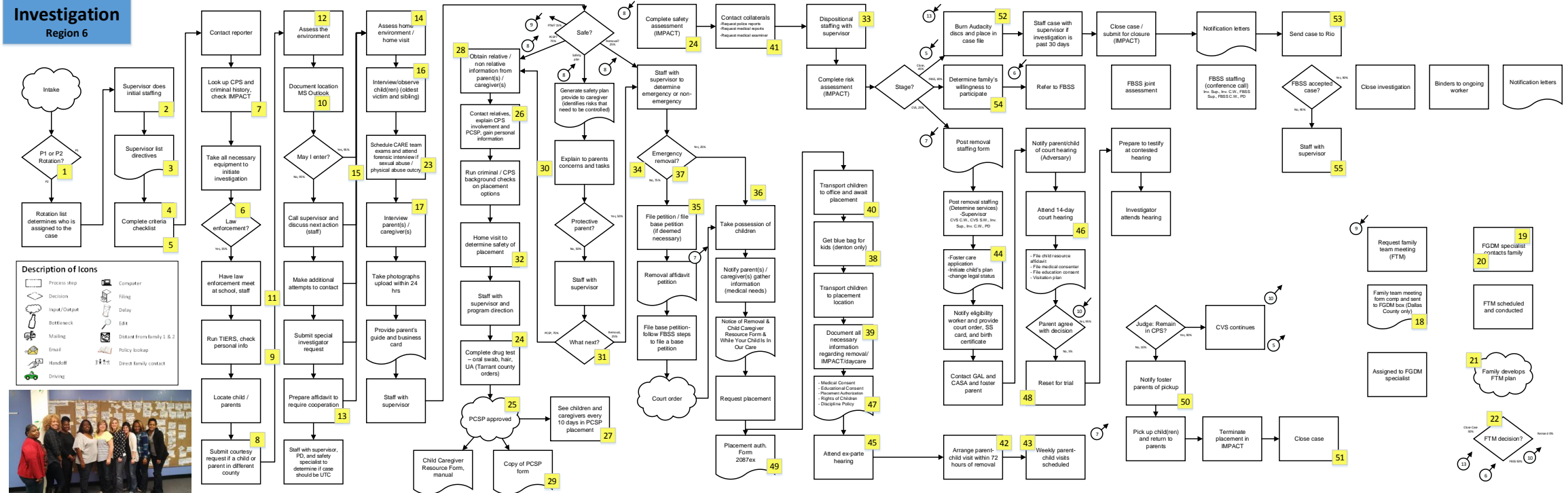


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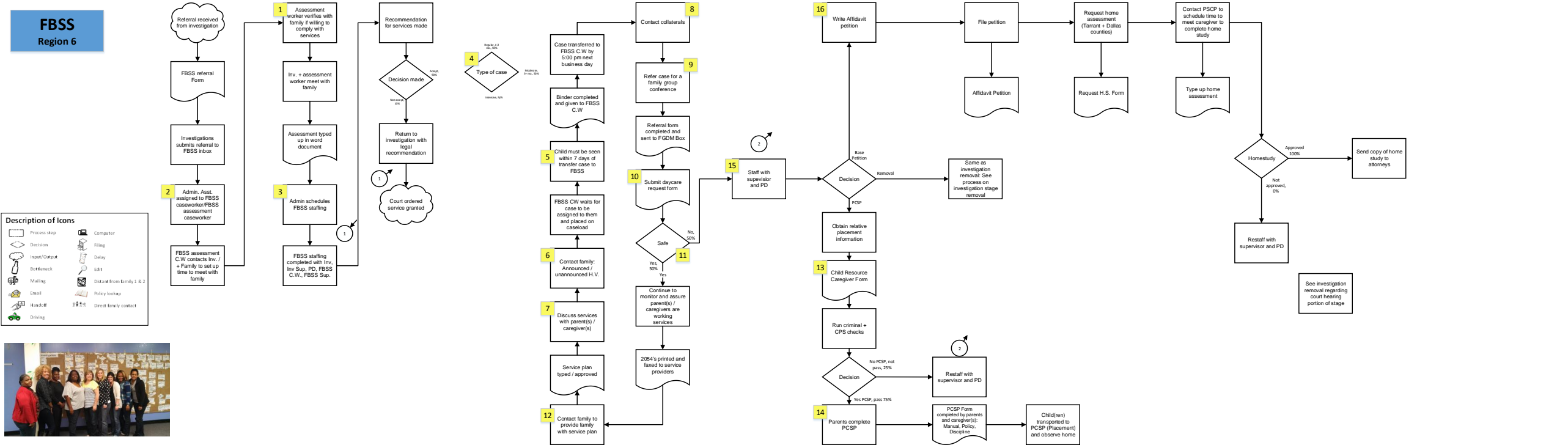


Region 6-Houston

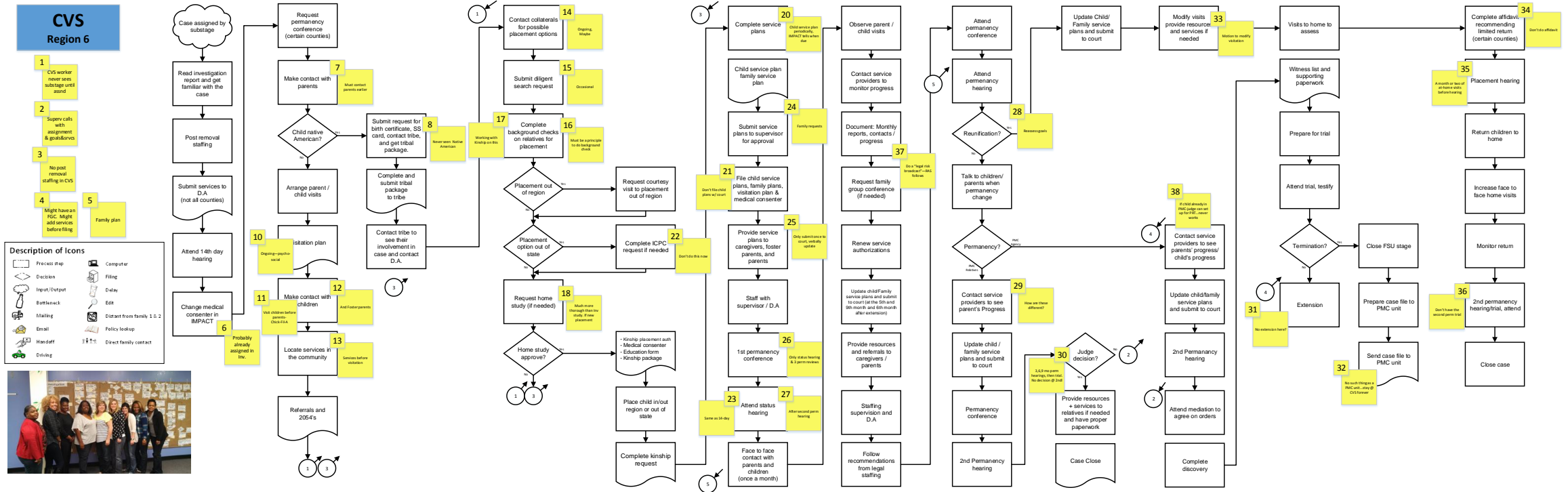
Investigation  
Region 6



## Assessment Findings 4/28/2014

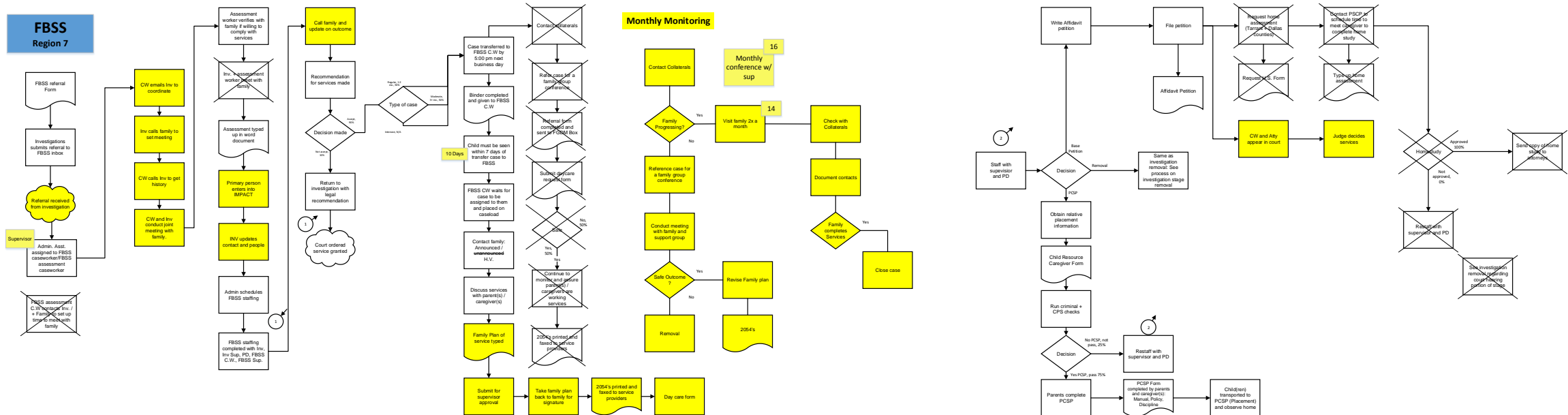


Assessment Findings  
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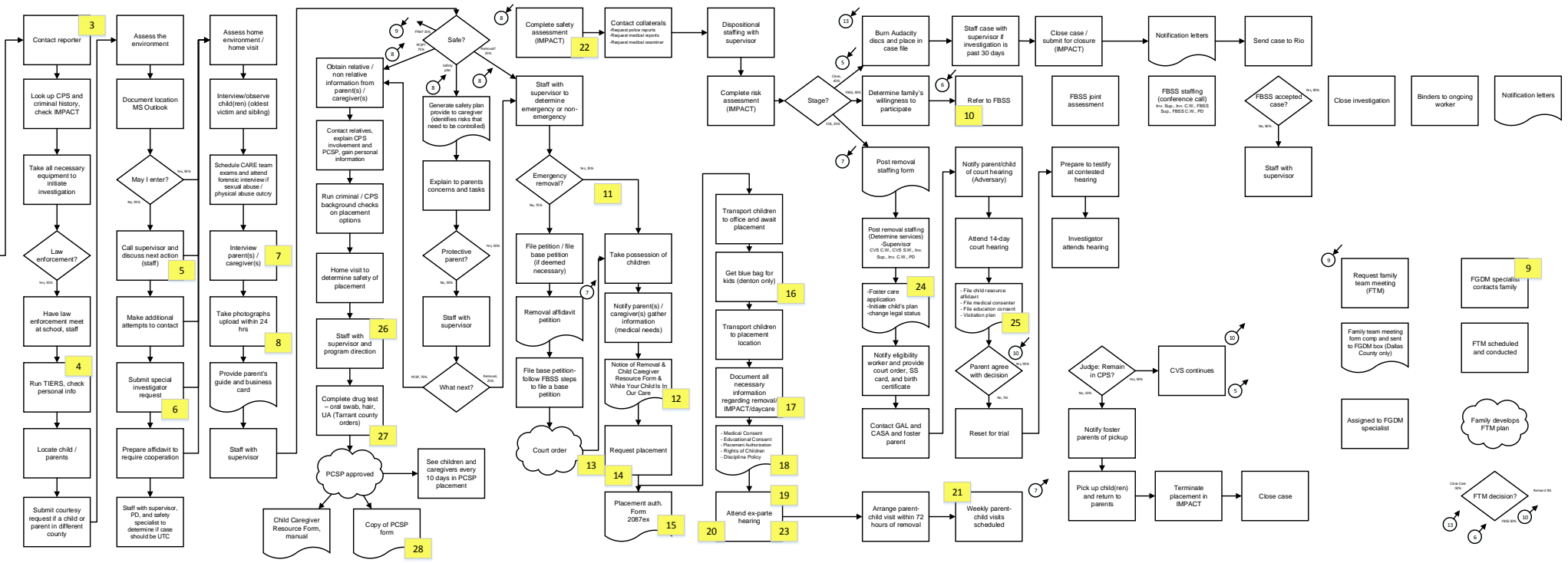
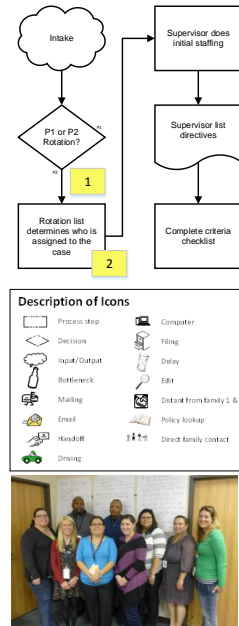
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### Region 7-Austin



Region 8 - San Antonio

Investigation  
Region 8


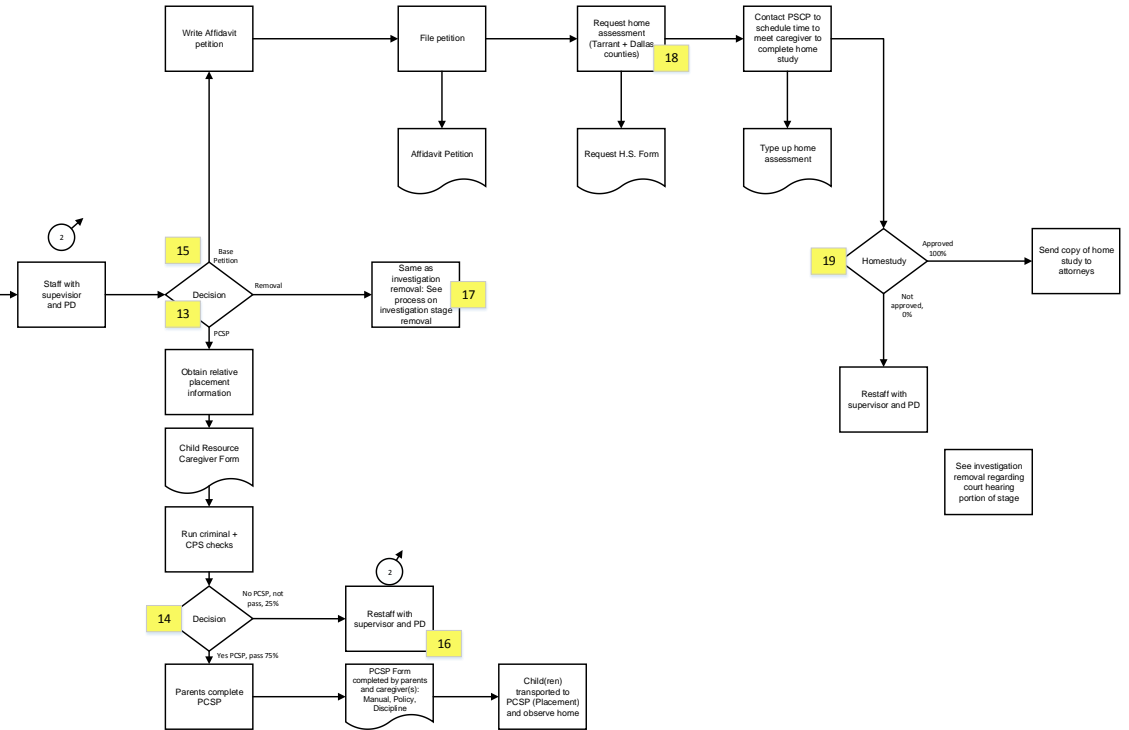
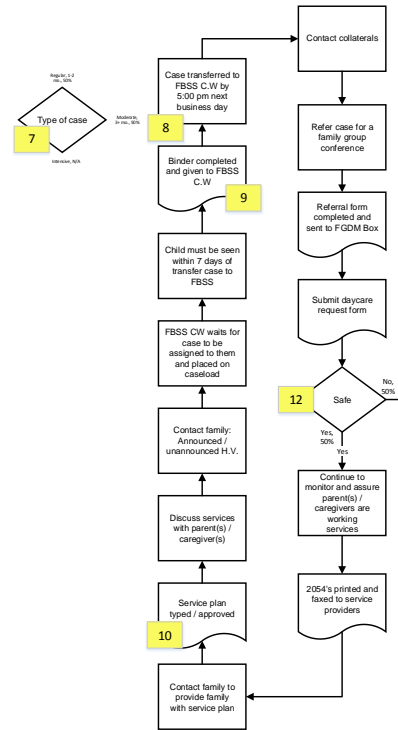
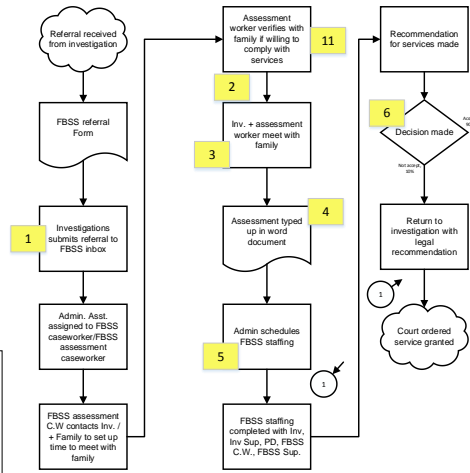


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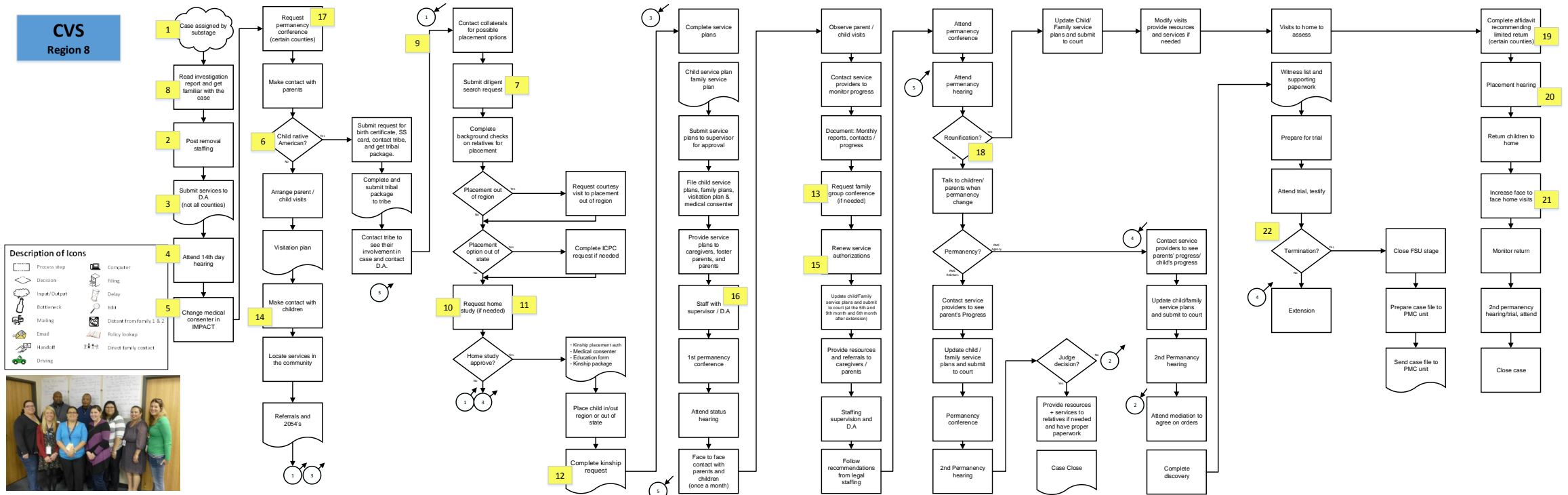
**FBSS  
Region 8**

**Description of Icons**

	Process step		Computer
	Decision		Filing
	Input/Output		Delay
	Bottleneck		Edit
	Mailing		Detain from family 1 & 2
	Email		Policy lookup
	Handoff		Direct family contact
	Driving		

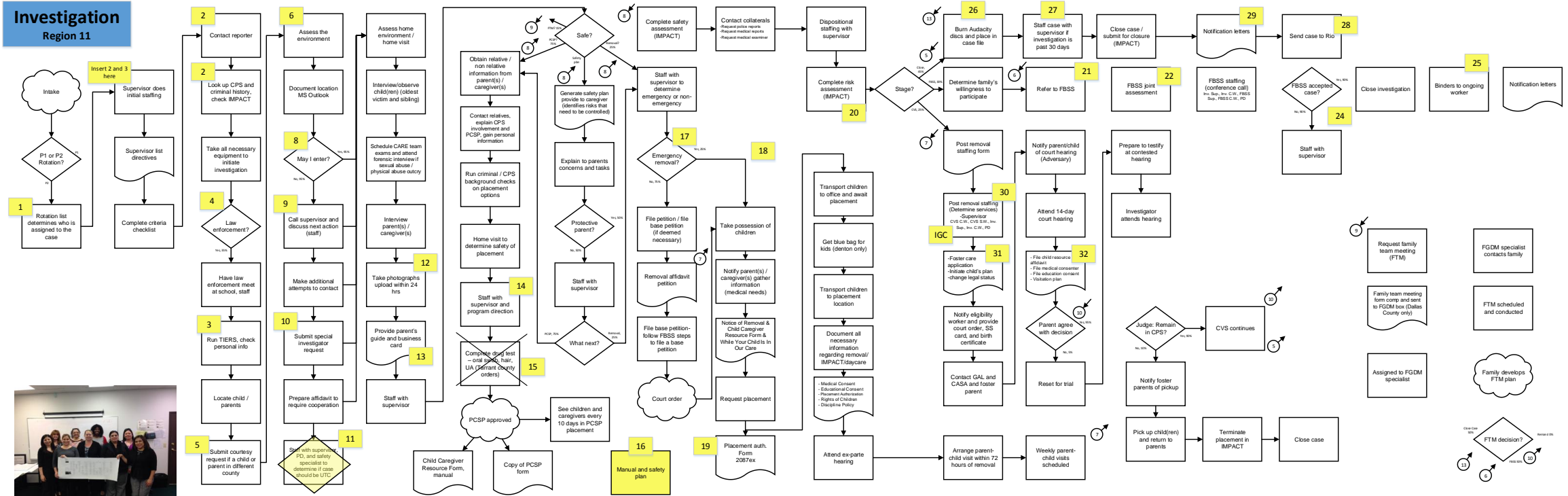
## Assessment Findings 4/28/2014





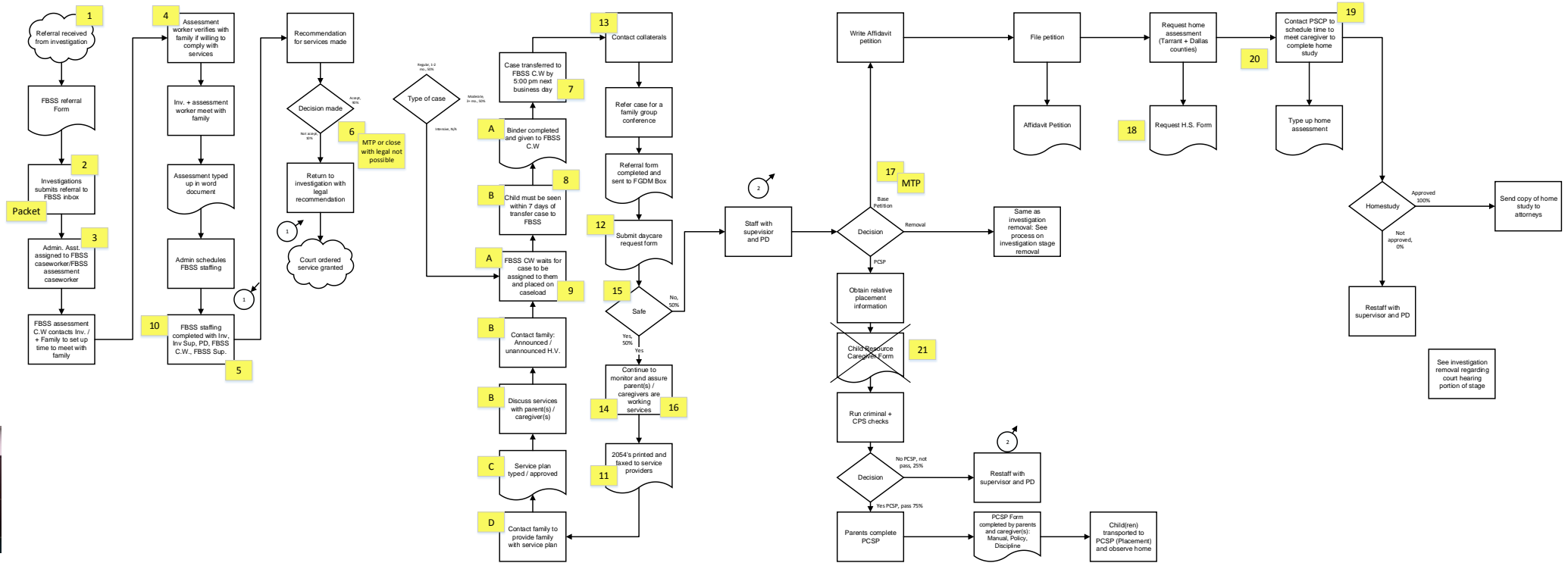
Region 11 - Corpus Christi

Investigation  
Region 11



## Assessment Findings 4/28/2014

**FBSS  
Region 11**



Assessment Findings  
4/28/2014

CVS  
Region 11

