

# **Texas Department of Family and Protective Services Self-Evaluation Report**

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## **TEXAS Department of Family and Protective Services**

**Safe children and adults. | Strong families and communities. | Stronger Texas.**

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*Submitted to the  
Sunset Advisory Commission  
August 31, 2025*



**TEXAS**  
Department of Family  
and Protective Services

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# Texas Department of Family and Protective Services Self-Evaluation Report

## I. Agency Contact Information

A. Please complete the following table.

### Texas Department of Family and Protective Services Exhibit 1: Agency Contacts

Role	Name	Address	Telephone	Email Address
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Table 1 Exhibit 1 Agency Contacts

## II. Key Functions and Performance

Provide the following information about the overall operations of your agency. More detailed information about individual divisions and programs will be requested in Section VII.

A. Provide an overview of your agency's mission, objectives, and key functions.

### Mission

We build on strengths of families and communities to keep children and vulnerable adults safe, so they thrive.

The Department of Family and Protective Services (DFPS) works to build on strengths of families and communities to keep children and vulnerable adults safe, so they thrive. DFPS does this through investigations, services, and referrals. DFPS works to protect children, adults aged 65 or older, and adults with disabilities by investigating allegations of abuse, neglect, and exploitation and by supporting and strengthening clients, families, and communities to create a stronger Texas.

## Agency Overview

DFPS works to protect children, older adults, and people with disabilities from abuse, neglect, and exploitation while strengthening families and supporting communities. Through investigations, services, and referrals, DFPS seeks to ensure the safety and well-being of those most vulnerable across the state. DFPS programs are designed to only intervene when necessary, provide support to prevent further harm, and promote conditions that help individuals and families thrive.

## Objectives

DFPS pursues a wide range of objectives aligned with its mission and statutory responsibilities. Core objectives include:

- **Ensure child safety** through timely investigations of abuse and neglect, provision of services, and appropriate placement of children when necessary.
- **Promote family preservation and reunification** through services that reduce risk, strengthen caregiver capacity, and address underlying safety concerns.
- **Support community-based care models** that allow for localized, collaborative decision-making in foster care and family services.
- **Engage and support kinship caregivers** to ensure children can safely remain with relatives when parents are unable to provide care.
- **Improve permanency outcomes for children in conservatorship** by strengthening casework practices, youth engagement, and coordination with legal and service partners.
- **Protect vulnerable adults** by investigating allegations of abuse, neglect, and exploitation, and by providing protective services when warranted to those 65 and older and adults with disabilities.
- **Ensure continuous quality improvement** through data-driven decision-making, performance monitoring, and stakeholder engagement.

## Key Functions

In furtherance of a shared goal of protecting children, adults aged 65 years and older, and adults with disabilities from abuse, neglect, and exploitation, DFPS collaborates with families, communities, and other stakeholders around the state. The agency also works to protect the health and safety of children in foster care, as well as day care and other types of 24-hour care, by investigating abuse and neglect and collaborating with the Texas Health and Human Services Commission (HHSC). DFPS has five major programs that do this important work:

- Statewide Intake (SWI)
- Child Protective Investigations (CPI)
- Child Protective Services (CPS)
- Community-Based Care (CBC)
- Adult Protective Services (APS)

### *Statewide Intake*

SWI serves Texas as the centralized point of intake to report suspected incidents of abuse, neglect, exploitation, and child care licensing standards violations. SWI operates 24 hours a day, seven days a week, 365 days a year and is comprised of three primary program areas: Texas Abuse Hotline, the Youth and Parent Helplines, and the SWI Screening Division.

Intake specialists operate the Texas Abuse Hotline where they receive and assess reports of abuse, neglect, and exploitation. Reports are entered into the agency's case management system and routed to the appropriate program and local office when investigation is needed. Intake specialists will refer callers to other resources when appropriate or when reports do not meet statutory definitions.

The Screening Division ensures appropriate handling of reports. CPI screeners determine whether reports should be assigned for investigation, Alternative Response, or closed, and they collect additional information when needed. Screeners also review allegations involving residential child care settings.

SWI also operates the Texas Youth and Parent Helplines, which provide free and confidential services to youth, their parents, and other family members of youth in crisis who need help finding a counselor, safe shelter, legal information, other local referral information, or just someone to talk to.

### *Child Protective Investigations*

CPI conducts investigations of reports of child abuse, neglect, or exploitation in homes, schools, and licensed child care settings. The severity and location of the allegation determines which type of investigation will be initiated and who will investigate. CPI consists of five major program areas:

- Family Investigations (INV) investigates allegations of child abuse, neglect, and exploitation in family settings.
- Alternative Response (AR) handles cases of abuse or neglect in family settings that initially present with less immediate safety or risk issues. AR allows for a more flexible, family-engaging approach while still focusing on the safety of the children.
- Child Care Investigations (CCI) investigates allegations of child abuse, neglect, and exploitation in licensed settings, including both residential and child care (also referred to as day care).
- Special Investigations investigates all child abuse and neglect fatalities, near deaths, human trafficking, child exploitation, and high-profile cases. Additionally, it works to locate missing children in all stages of service, coordinates targeted searches for conservatorship runaways, and investigates all school setting abuse and neglect cases when the alleged abuser is employed by a school.
- Human Trafficking and Child Exploitation (HTCE) provides training and resources to DFPS staff and fosters relationships in communities to expand and enhance services for the population DFPS serves who are victims of trafficking.

### *Child Protective Services*

CPS protects children from abuse and neglect and works with families to prevent future abuse and neglect. CPS caseworkers serve the family through one of two programs:

- FBSS provides services to parents and families to prevent future abuse and neglect. FBSS can also prevent the need to remove children from their homes by strengthening the family's ability to protect their child and reduce threats to their child's safety. FBSS caseworkers focus on supporting families by providing services designed to improve the home environment and parents' skills, with the goal of preserving the family so the child can stay safely at home without future abuse or neglect.
- Substitute care is provided when a court decides the safety risk is so great that children must be removed from their homes. While children are outside the home with other caregivers, such as kin or a foster family, CPS caseworkers work with the family to improve the home environment and the skills of parents so that the children can safely rejoin their family. In some cases, if parents cannot address safety concerns and the court determines that parental rights must be terminated, DFPS seeks an adoptive family or other long-term placement, such as a permanent placement with a relative, for the child.

### *Community-Based Care*

In 2017, the 85th Texas Legislature passed legislation to begin transitioning the state to the CBC model of child welfare in which a community provider, known as a Single Source Continuum Contractor (SSCC), coordinates and delivers a network of services for children in foster care and their families in specifically designated geographic areas. Under the CBC model, DFPS contracts with an SSCC to provide placement, case management, and substitute care services for children, youth, and young adults who are in DFPS conservatorship or who are receiving services through the extended foster care program. CBC is administered through two offices:

- The Office of Community-Based Care Transition (OCBCT) oversees and manages CBC procurement, readiness, implementation, and community engagement statewide. OCBCT was established in the 87th Legislative Session as a state agency independent of, but administratively attached to, DFPS.
- The Community-Based Care Operations (CBCO) division operates under the Commissioner's Office and was established to develop, implement, and standardize processes and procedures related to SSCC contract administration and oversight of CBC.

### *Adult Protective Services*

APS protects adults aged 65 or older and adults with disabilities from abuse, neglect, and financial exploitation. APS investigations are different from CPS investigations as they involve adults who are presumed to have the capacity to make their own decisions, and they provide services to clients in addition to the investigation. APS investigates allegations of abuse, neglect, or financial exploitation by a caretaker, outside of regulatory care settings. Also, APS cases often involve victims who neglect themselves when they are either unable or unwilling to obtain food, medicine, or other necessities. APS caseworkers specialize in helping clients find the resources they need, often from community organizations.

Together, these functions support DFPS's vision of a safer, stronger Texas where every child and vulnerable adult has the opportunity to thrive in a safe and supportive environment.

**B. What clear and ongoing objective(s) do the agency's key functions serve? Explain why each key function is still needed.**

**Statewide Intake**

SWI is the single point of entry to report abuse or neglect in Texas. SWI team members work to ensure that all necessary information is obtained from a reporter, so that each report can be promptly and properly routed for response. This team also assesses each report to determine whether the information constitutes potential abuse and neglect and to determine the severity of the allegation so that the most urgent calls are prioritized for immediate investigation.

*Objectives:*

- Receive and route intakes of abuse, neglect, or exploitation for investigation or response.
- Ensure each report contains sufficient documentation to enable prompt and effective response by the appropriate DFPS program.
- Evaluate eligible intakes through screening to ensure that intakes are appropriately prioritized and to ensure that the least invasive response tool is used to address safety concerns.
- Support children and families through the Youth and Parent Helplines by meeting immediate needs and connecting them to community resources.

*Key Function:* SWI is the single point of contact in Texas for mandated reporters and the public to report allegations of abuse, neglect, or exploitation for children and vulnerable adults. Reports are accepted via phone, internet, and mail/fax 24 hours a day, seven days a week by specialized staff trained to gather all necessary information to quickly assess the severity of a report to ensure urgent safety issues are prioritized, and to ensure that DFPS only investigates allegations that meet the definition of abuse or neglect under Texas law.

*Rationale:* A statewide, centralized point of intake ensures efficiency and consistency in how reports are received, documented, and triaged for further investigation or services. Using this centralized system, all calls are recorded and then assessed against standard criteria developed for each program environment. SWI systems allow DFPS to gather valuable data on the nature and frequency of reports that help to inform policy and planning decisions. This data-driven approach ensures the safety of vulnerable Texans.

*Key Function:* Screening allows for more detailed and systematic evaluation of initial child intakes for CCI intakes and for CPI intakes that meet specific parameters.

*Rationale:* The separate screening function helps SWI assess and prioritize intakes. This structure allows intake specialists to immediately route the most urgent concerns to investigators for quick response, close complaints that clearly do not meet statutory definitions for abuse or neglect, and refer reports that would benefit from further review to screeners who can collect more information. Intake specialists gather basic information about potential abuse or neglect, while screeners have the time



and expertise to conduct a more thorough review. Screeners collect additional details to determine whether further DFPS intervention is needed to ensure child safety or if the intake presents minimal risk. In such cases, screeners may offer community resources to assist families. This structured approach ensures that only those cases that require DFPS intervention are assigned to caseworkers, ensuring that the least invasive tool is used to respond to each report and allowing for more focused and effective responses.

*Key Function:* The Youth and Parent Helplines provide resources and services to callers that meet immediate family needs and that prevent future CPS involvement.

*Rationale:* Addressing immediate needs such as family conflict and legal and mental health services can help prevent abuse and neglect. The helplines educate families on how to better manage difficult emotions, improve communication, and establish positive parenting practices. In addition, the helplines connect individuals with critical community resources such as counseling and crisis intervention when needed. The helplines contribute to DFPS's broader goal of child safety and well-being while fostering positive family dynamics.

## **Child Protective Investigations**

CPI investigates allegations of abuse, neglect, and exploitation of children by a parent, caregiver, or other person responsible for the child's care. CPI also investigates reports involving children in licensed or regulated child care settings, including child care settings (day care), foster homes, and residential facilities. CPI assesses child safety and determines if abuse or neglect occurred.

*Objectives:*

- Investigate allegations of abuse, neglect, and exploitation in family and regulated care settings.
- Ensure immediate and long-term safety through comprehensive safety planning.
- Use AR pathways, when appropriate, to address lower risk reports of abuse or neglect.
- Partner with families, communities, service providers, and courts to implement the least restrictive intervention that protects children.

*Key Function:* CPI investigates abuse, neglect, and exploitation by parents, caregivers, and individuals responsible for a child's care.

*Rationale:* CPI is the state's primary child protection authority for home-based and child care settings. Caseworkers are trained to conduct interviews, observe children and environments, assess for risk, and identify protective factors. By thoroughly investigating allegations and making timely safety decisions, CPI helps prevent ongoing harm, supports family stability, and ensures child safety across care settings.

CPI works closely with Child Care Regulation (CCR) at HHSC, which is responsible for the licensing and regulatory oversight of child care providers. While HHSC CCR evaluates compliance with standards and licensing rules, CPI is responsible for investigating abuse and neglect allegations in those same settings. This coordination helps ensure comprehensive oversight of regulated facilities and promotes the safety of children receiving care. The investigative function of CPI is critical to the state's ability to identify and respond to abuse in homes, child care centers, foster care, and residential operations.

*Key Function:* Safety planning is used to assess risk and help ensure the immediate safety of a child while longer-term decisions are made.

*Rationale:* Safety planning allows CPI to respond quickly to concerns by implementing short-term protective actions – such as informal monitoring, supervision agreements, or temporary caregiving arrangements – while more in-depth assessments and court decisions are made. Safety planning helps prevent removals when appropriate, supports family preservation, and promotes child safety while services are engaged.

*Key Function:* AR offers a non-investigative approach for certain reports of abuse or neglect.

*Rationale:* AR focuses on engaging families in voluntary services rather than assigning case disposition. It is used in cases where there is no immediate danger and offers a supportive pathway to address concerns before they escalate. AR reduces system involvement and encourages family-centered solutions, while still allowing CPI to escalate the case to a full investigation if serious safety concerns emerge.

*Key Function:* CPI partners with families, service providers, communities, and the courts to implement the least restrictive intervention that protects children.

*Rationale:* When safety concerns are identified, CPI works collaboratively with families and community supports to explore solutions that allow children to remain safely at home whenever possible. This may involve voluntary services, safety planning, or court intervention, depending on the level of risk. When court involvement is necessary, CPI presents evidence and safety concerns to the judge and participates in hearings to support child protection decisions. This approach balances the agency's legal responsibility to protect children with a commitment to preserving family connections and avoiding unnecessary removals. Leveraging partnerships allows CPI to tailor responses to each family's unique needs while ensuring child safety remains the top priority.

## **Child Protective Services**

CPS continues to serve a clear and ongoing objective to protect children from ongoing abuse and neglect. CPS is dedicated to ensuring child safety while engaging families in meaningful ways to address the underlying issues that lead to abuse or neglect. DFPS emphasizes family involvement, working closely with parents and relatives to support lasting solutions that promote stability and well-being for children.

*Objectives:*

- Provide services to children and families in their own homes through FBSS to prevent removal.
- Support children's recovery from trauma and ensure their physical and emotional well-being.
- Collaborate with families, providers, and courts to pursue the least restrictive permanency option.
- Help children achieve permanency through family reunification, relative care, or adoption.
- Support youth as they age out of care.

*Key Function:* CPS delivers in-home services through FBSS to support child safety without removal.

*Rationale:* FBSS provides critical support to families after an investigation when safety concerns can be addressed in the home. Services may include parenting education, substance use treatment, mental health support, and safety planning. These interventions help families stabilize while maintaining bonds between children and their caregivers.

*Key Function:* CPS provides substitute care when children cannot safely remain in their homes.

*Rationale:* When removal is necessary to ensure safety, CPS places children with relatives, licensed foster families, or other approved caregivers. Substitute care provides temporary safety and stability while CPS works with families to resolve safety issues or identify permanent alternatives. Although fewer children are entering care, those who do often have significant trauma or behavioral health needs requiring higher levels of support. This underscores the continued need for high-quality, trauma-informed services for children in conservatorship. CPS plays a central role in coordinating these services and ensuring children receive care that meets their individual needs while progressing toward a permanent home.

*Key Function:* CPS partners with families, service providers, and the courts to achieve permanency for children.

*Rationale:* Achieving permanency – whether through reunification, relative placement, or adoption – is a primary goal of CPS. Caseworkers work with families to develop service plans, monitor progress, and collaborate with the courts to determine safe and appropriate outcomes. CPS also coordinates with service providers and legal parties to reduce delays in permanency. A family-centered and collaborative approach supports long-term child well-being and reduces the amount of time children spend away from home.

*Key Function:* CPS supports older youth in foster care and prepares them for a successful transition to adulthood.

*Rationale:* Youth who remain in foster care into adolescence face unique challenges as they transition to independence. CPS provides services through extended foster care, Preparation for Adult Living (PAL), and transitional living supports that focus on education, employment, housing, and life skills. By equipping older youth with resources and connections, CPS helps reduce the risk of homelessness, unemployment, and exploitation after care. These supports reflect the agency's commitment to long-term well-being for all children in care.

## **Community-Based Care**

CBC represents a fundamental shift in how child protection services and case management are delivered in Texas, in accordance with legislative direction. This model places responsibility for meeting the individualized needs of children and youth in foster care with local, community-based providers (SSCCs), who are better positioned to deliver responsive, locally tailored care. CBC is critical to meeting the unique needs of each community, as opposed to a one-size-fits-all approach that does not reflect the unique needs of each Texas community. As CBC continues to expand, the legacy system it replaces is phased out.

*Objectives:*

- Transition case management and service delivery responsibilities from the state to community-based providers, known as SSCCs.
- Improve outcomes for children and youth by keeping them safe, connected to family, and placed in their home communities.
- Develop and sustain local networks of care tailored to the unique needs of each region.

*Key Function:* DFPS supports the planning, implementation, and operation of CBC in new catchment areas.

*Rationale:* Successful expansion of CBC requires significant coordination, including stakeholder engagement, infrastructure development, and change management. DFPS plays a central role in facilitating transitions, supporting communities, and ensuring that the model is implemented with fidelity to its core principles.

*Key Function:* DFPS oversees SSCC contracts to help ensure compliance with the CBC model and achievement of child welfare outcomes.

*Rationale:* DFPS plays a critical role in helping to ensure that SSCCs deliver services aligned with CBC requirements, state policy, and legislative direction. This includes contract management, performance monitoring, and coordination with state and local stakeholders. Effective oversight confirms that children in care receive consistent, high-quality services across all catchment areas.

*Key Function:* DFPS enforces accountability through regulatory oversight, quality improvement, and financial monitoring.

*Rationale:* As CBC evolves, DFPS remains responsible for safeguarding public funds and protecting children in care. This includes monitoring financial practices, reviewing outcome-based payment structures, and implementing quality improvement strategies to ensure that services are safe, effective, and sustainable.

## **Adult Protective Services**

APS protects vulnerable adults in Texas – those age 65 and older, or age 18 to 64 with a disability – from abuse, neglect, and financial exploitation. APS caseworkers conduct investigations, assess client needs, and connect individuals to services and supports that reduce risk and promote safety. APS emphasizes client autonomy while working to resolve issues that compromise well-being. Without this function, the state would lack a dedicated mechanism to identify and respond to harm among its most vulnerable adults.

*Objectives:*

- Investigate allegations of abuse, neglect, and financial exploitation involving vulnerable adults.
- Assess client needs and strengths to determine appropriate supports.
- Alleviate current and future risks through service planning and coordination.
- Promote safety and stability while preserving individual dignity and independence.

*Key Function:* APS investigates reports of abuse, neglect, and financial exploitation involving vulnerable adults.

*Rationale:* APS is the only state agency with the authority to investigate maltreatment of older adults and adults with disabilities in the community. As the Texas population ages and the prevalence of disabilities increases, APS investigations have become more complex, often requiring navigation of overlapping medical, legal, and social issues. APS caseworkers are trained to identify and address a range of safety threats and to take appropriate action, including referring cases for legal intervention when warranted.

*Key Function:* APS connects vulnerable adults to essential services and provides direct support to reduce harm.

*Rationale:* APS caseworkers play a critical role in stabilizing the lives of adults facing abuse, neglect, or exploitation by linking them to medical care, housing support, mental health services, personal care assistance, and other vital resources. In urgent situations, APS may arrange or deliver concrete services – such as food, transportation, or home repairs – to immediately reduce harm and support the client’s safety. These efforts often serve as the foundation for longer-term risk reduction and recovery. Because vulnerable adults may face barriers such as isolation, cognitive decline, or lack of access to care, APS’s ability to bridge these gaps is essential to protecting health, safety, and dignity.

*Key Function:* APS reduces the likelihood of future harm through risk mitigation and education.

*Rationale:* Specialized APS caseworkers are recognized experts in addressing complex financial exploitation and self-neglect cases. Using evidence-informed practices, they help clients and families understand risk factors and take steps to prevent future incidents. This may involve coordination with law enforcement, legal systems, or community-based providers. APS’s preventive role is essential to reducing repeat maltreatment and promoting long-term stability for vulnerable adults.

**C. Does your agency’s enabling law continue to correctly reflect your mission, objectives, and approach to performing your functions? Does statute present any barriers or gaps in authority for your agency to carry out its mission? If so, please describe.**

Yes, codified in Chapter 40 and 48, Human Resources Code, the agency’s enabling law reflects its mission, objectives, and functions. Section 40.002 summarizes the agency’s core functions. The agency’s mission to protect children and vulnerable adults from abuse, neglect, and exploitation has not changed, although state and federal law have significantly reshaped the agency’s approach to performing such functions. Additionally, DFPS is required by Family Code §264.151 to contract with community-based nonprofit and local governmental entities to provide child protection services through CBC. Further instruction regarding contract requirements, evaluation requirements, and enabling legislation for the OCBCT are within Subchapter B-1 of Family Code, Chapter 264.

Regulating child care providers and implementing and managing programs intended to provide early intervention or prevent at-risk behaviors are functions that have been transitioned to HHSC, and code has not been amended to reflect these recent changes.

The agency’s enabling laws do not present barriers or gaps in authority for the agency to carry out its mission; however, there are legislative initiatives that would help the various programs in the agency

carry out their functions more effectively. Please refer to the program responses to part J in the Guide to Agency Programs section of this report.

**D. Have you recommended changes to the Legislature to improve your agency's operations in recent years? If so, briefly explain the recommended changes, whether they were adopted, and if adopted, when.**

Before each legislative session, lawmakers ask DFPS to identify barriers to the efficient and effective operation of its programs, and from this, the agency makes legislative recommendations. The following is a summary of the most significant developments related to DFPS recommendations in the 88th and 89th Legislative Sessions.

### **88th Legislative Session**

**During the 88th Legislative Session**, the Legislature responded to several DFPS-identified challenges and priorities through targeted investments and structural changes aimed at improving outcomes for children with high behavioral health needs, strengthening community-based services, enhancing client safety, retaining a skilled workforce, and modernizing technology systems:

- **Stabilize and Expand Foster Care Capacity** – The Legislature appropriated \$78.9 million to continue stabilizing and expanding foster care across Texas. This investment included:
  - » \$49.6 million to sustain enhanced care rates.
  - » \$1.6 million and 21.0 FTEs to sustain Clinical Coordinator Team to support child placement.
  - » \$2.3 million for court monitor fees to address foster care litigation referenced in question G.
  - » Fully funded Rate Modernization (known as Texas Child-Centered Care, as referenced in Section 12: Agency Comments) including 7.0 FTEs for project team and appropriates \$100 million additional funds.
  - » \$1.2 million and 5.0 FTEs for a dedicated team to focus on mental health needs of children and youth in conservatorship to coordinate behavioral health efforts across the child welfare system.
- **Ensure Client Safety Through Services** – The Legislature appropriated \$86.6 million to enhance safety and stability through service expansion. This investment includes:
  - » Sustain SWI hold times and strengthen SWI services – \$7.0 million and 36.0 FTEs.
  - » Strengthen program support for CPI – \$2.2 million and 10.0 FTEs.
  - » Provide kinship support – \$6.9 million and 1.5 FTEs.
  - » Support APS investigations and elderly financial exploitation cases – \$4.9 million and 27.0 FTEs.
- **Expand and Support CBC** – The Legislature appropriated \$21.2 million to strengthen and sustain CBC implementation. This investment includes:
  - » \$4.9 million and 10.0 FTEs for interoperability of systems between SSCCs and DFPS.
  - » \$12.9 million to adjust state salary increases for SSCCs.
  - » \$806,964 to sustain staffing salaries for OCBCT.



- » \$1.3 million and 5.0 FTEs for a CBC Transition Project Coordination Team within DFPS to enhance oversight, coordination, and support for CBC with OCBCT.
- » \$1.2 million for foster care lawsuit compliance for SSCCs.
- **Stabilize and Retain Workforce** –The Legislature appropriated \$56.6 million to strengthen recruitment and retention of a skilled workforce. This investment included:
  - » \$21.1 million for competitive salaries.
  - » \$12.0 million and 50.0 FTEs for enhanced staffing to strengthen the support structure.
  - » \$13.6 million for one-time salary actions to stabilize and retain frontline staff.
- **Expand and Protect Information Technology and Data Resources** – The Legislature appropriated \$62.5 million to sustain and modernize technology systems that support DFPS operations. This investment includes:
  - » \$19.7 million to sustain Data Center Services.
  - » \$10.0 million to complete IMPACT updates and modernize the case management system.
  - » \$21.4 million and 5.0 FTEs to strengthen agency information technology systems.
  - » \$4.7 million and 10.0 FTEs to strengthen data and system support.
  - » \$6.8 million and 6.0 FTEs for enhancement of cybersecurity infrastructure.
- **Business Process Redesign** – Rider 41 appropriated funds for DFPS to contract with a third-party entity to evaluate and recommend improvements to the agency's child protective process. The effort aims to modernize systems, streamline casework, and reduce administrative burden to allow investigators to focus more directly on child safety and family engagement.
- **High-Acuity Youth** – The Legislature also appropriated DFPS requested and supported funds to HHSC to expand behavioral health infrastructure that supports this population, including:
  - » Funding for 20 extended-stay inpatient psychiatric beds dedicated to DFPS youth, managed through Local Mental Health and Behavioral Health Authorities (LMHAs/LBHAs), to ensure timely access to appropriate inpatient care.
  - » Support for eight Youth Crisis Outreach Teams (YCOTs) to deliver mobile, pediatric-focused mental health crisis response and follow-up services across Texas.

These investments reflect a coordinated, cross-agency strategy to improve outcomes for children and youth with the most complex needs. By expanding behavioral health infrastructure, increasing access to specialized mental health services, reducing placement instability, and strengthening the agency's capacity to coordinate care, the Legislature advanced DFPS's ability to deliver safe, stable, and supportive placements while ensuring timely access to critical resources across Texas.

**Notable bills from the 88th Legislative Session include:**

- SB 1379 required DFPS to enter into an agreement with a financial institution to establish savings and checking accounts for foster youth who are between the ages of 14 and 21.

- SB 1525 amended the Tax Code to add current and former DFPS attorneys to the list of people, such as district and county attorneys and DFPS caseworkers, who can request their addresses for their property tax record be kept confidential from the public.
- SB 1447 required DFPS to develop a comprehensive training program for child protective investigators and investigative supervisors that must be completed before they can investigate or supervise any case.
- SB 2261 removed a statutory requirement that a newly hired APS caseworker must fully complete the training program before initiating an investigation and providing protective services. SB 2261 allowed a caseworker trainee to conduct investigations in the field and provide protective services under the guidance of a trainer-supervisor while the caseworker is still receiving training.
- SB 2214 allowed SWI employees, who work 24/7/365, to earn compensatory time for working on state or national holidays that fall on the weekend. This aligned with other state agencies whose employees, such as Department of Public Safety and Texas Parks and Wildlife dispatchers, earn compensatory time when they work on holidays that fall on the weekend.
- SB 2260, although vetoed by the Governor, would have removed the statutory requirement mandating APS supervisors to personally review all repeat cases. In 2014, APS began using a structured decision-making tool, called the Risk of Recidivism Assessment (RORA), within the IMPACT case management system. This tool shows prior APS cases from the previous three years and assists in identifying whether the individual is at risk of future abuse/neglect/exploitation. The statutory requirement is duplicative of the structured decision-making tool, RORA. Using the RORA allows APS to efficiently review cases with a high risk of reentering APS services.

## 89th Legislative Session

Building on progress from the 88th Legislature, lawmakers approved targeted investments to expand CBC, strengthen supports for youth with complex behavioral health needs, enhance safety and stability for children and families, retain a skilled workforce, improve agency operations, and modernize technology systems:

- **Annualize and Expand CBC** – The Legislature appropriated \$194.9 million to continue the expansion and sustainability of CBC across Texas. This investment includes:
  - » \$74.4 million to annualize funding for existing CBC catchment areas.
  - » \$91.1 million and 27.0 FTEs in FY26 / 34.0 FTEs in FY27 to expand CBC into four new Stage I catchments and four new Stage II catchments.
  - » \$13.0 million to increase the SSCC network support payment.
  - » \$12.4 million to provide early payments to SSCCs during the readiness phase prior to Stage II implementation.
  - » \$4.0 million to fund a comprehensive CBC process evaluation.
- **Meet the Needs of High-Acuity Youth** – The Legislature appropriated \$6.1 million to enhance services and supports for high-needs youth:
  - » \$444,000 to improve provider quality of care through technical assistance.
  - » \$3.0 million to support kinship families caring for children with high-acuity behavioral health needs.
  - » \$2.7 million for intensive peer support services for high-acuity youth.



- **Improve Client Safety through Services** – The Legislature appropriated \$30.5 million to enhance safety and stability through service expansion:
  - » \$7.0 million to expand day care for kinship caregivers.
  - » \$559,560 to restore the transitional living services budget allocation.
  - » \$22.9 million and 6.0 FTEs per FY to sustain the Texas Family First Pilot.
- **Stabilize and Retain the Workforce** – The Legislature approved \$23.0 million to strengthen recruitment and retention:
  - » \$22.5 million to address targeted salary compression, retain experienced staff, and support career advancement.
  - » \$489,761 to fund the education-based compensation enhancement initiative.
- **Strengthen Agency Operations** – The Legislature provided \$7.8 million to support operational improvements and ensure quality and safety:
  - » \$1.7 million to provide statewide consistency in Reason to Believe dispositions.
  - » \$832,844 to improve timeliness for due process.
  - » \$3.7 million to enhance records management operations.
  - » \$45,670 to fund SWI quality assurance program support.
  - » \$166,908 for additional APS policy staff.
  - » \$281,702 for additional APS quality assurance staff.
  - » \$623,356 to maintain current utilization of background checks for screening purposes.
  - » \$425,050 for enhanced client safety through improved background check processes.
- **Strengthen Information Technology and Data Resources** – The Legislature appropriated \$76.8 million to modernize and integrate critical technology systems:
  - » \$46.5 million and 1.0 FTE in FY26 / 32.5 FTEs in FY27 to begin implementation of the new case management system (funded in the supplemental bill – HB 500).
  - » \$5.0 million to support data exchange between the new case management system and external state agencies.
  - » \$3.1 million and 7.0 FTEs each fiscal year to incorporate the Contracts and Grants Management System into the new case management system.

These investments reflect a sustained commitment to enhancing DFPS's ability to stabilize high-needs youth, support kinship caregivers, retain an experienced workforce, and modernize the systems and infrastructure essential to effective service delivery.

**Notable bills from the 89th Legislative Session include:**

- HB 109 allows HHSC to construct or expand operations of certain inpatient mental health facilities for purposes of providing residential treatment services for youth in DFPS conservatorship.
- HB 4129 requires DFPS to develop a new contract provision in a contract between DFPS and an SSCC that would require DFPS to implement formal measures to ensure that the SSCC is delivering high-quality service. The formal measures include implementing

quality improvement plans, financial interventions, and other appropriate interventions or restrictions.

- SB 1589 allows DFPS the flexibility to reclaim case management functions over any or all cases in a CBC catchment area or transfer case management authority to another SSCC in an emergency situation resulting from significant concerns with case management performance regarding a single case, cases in a single county, or up to all of the cases in a CBC catchment area.
- SB 2032 changes the length of time of contract termination notice for both SSCCs and DFPS from 60 days to 180 days and allows DFPS to enter into a contract with another SSCC without going through a formal procurement process.
- SB 2034 authorizes DFPS to file a petition to obtain temporary receivership over an SSCC that is not able to perform adequately under the SSCC contract.
- Two employee protection bills received favorable consideration but did not pass:
  - » HB 3748 would have allowed DFPS to reimburse employees for personal property damaged by a client during the course of their duties using existing agency resources.
  - » HB 3750 would have allowed DFPS to reimburse employees up to \$5,000 for the cost of legal expenses to obtain a protective order related to the performance of child or adult protection duties, using existing agency resources.

**E. Do any of your agency's functions overlap with those of another local, state, or federal agency? If so, how do you coordinate to avoid duplication of efforts? Explain if, and why, each of your key functions is most appropriately placed within your agency.**

While DFPS interacts and coordinates with many state agencies, its protective services functions do not overlap and are not duplicated by any other state agency. Federal law designates funds and guidelines for protective services functions within states, and DFPS is the primary state agency charged with protecting both children and adults aged 65 or older and adults with disabilities from abuse, neglect, and financial exploitation. For children, DFPS is the only agency charged with functioning as a conservator when they cannot remain safe in their homes.

Although many other federal, state, and local agencies are involved in agency functions, DFPS is the primary entity required by law to protect these populations. For example, at a local level, DFPS works closely with law enforcement agencies and prosecutors across Texas to coordinate investigations. When allegations of abuse or neglect that result in death, serious injury, sexual abuse, or other crimes occur, DFPS handles the civil side of the case and law enforcement handles the criminal side. These functions complement, but do not duplicate, each other. While the criminal justice system determines the innocence or guilt of accused persons, DFPS protects children and youth from abuse and neglect.

At the state level, DFPS also works closely with HHSC Regulatory, which oversees the licensing and inspection of facilities that serve vulnerable populations. DFPS investigates allegations of abuse, neglect, and exploitation in licensed child care facilities and shares information with HHSC to allow HHSC to determine regulatory compliance. In cases involving vulnerable adults, HHSC conducts investigations of licensed facilities and DFPS investigates allegations of abuse, neglect, and financial

exploitation in resident communities and unlicensed board and care homes. Both agencies coordinate investigations and share information to ensure accountability without duplicating efforts.

SWI continues to assess allegations of abuse, neglect, or exploitation for certain HHSC Provider Investigations (PI) including:

- State hospitals.
- Community centers for people with intellectual or developmental disabilities, mental health diagnoses, and substance use disorders.
- Facility and community center contractors, including home and community-based waiver programs.
- Medicaid managed care organizations.
- Consumer-directed services.

DFPS guards against duplication of services by other state and federal agencies through memoranda of understanding (MOUs) and by building close working relationships through its community engagement model. In alignment with SB 593 (88R), DFPS and HHSC participated in an independent assessment to identify opportunities to streamline rules, standards, and contract requirements for residential child care providers across agencies. The agencies are working together to implement the recommended changes, which are estimated for completion in FY 2028.

## F. In general, how do other states carry out similar functions?

In Texas, child protection functions are concentrated within DFPS, while other child-serving systems such as juvenile justice, behavioral health, and Medicaid are managed by separate agencies. This structure necessitates robust interagency coordination to serve the comprehensive needs of children and families. In contrast, some other states consolidate child welfare, juvenile justice, and children's behavioral health services under a single department or shared administrative structure.

All states operate programs to protect children, older adults, and people with disabilities from abuse, neglect, and exploitation. While the core functions are broadly similar – receiving reports, conducting investigations, providing services, and ensuring safety – the organizational structures, administration, and delivery models vary significantly by state. Below is a summary of how comparable functions are carried out across the country, with reference to how Texas compares.

### Statewide Intake

Most states have mechanisms to receive reports of abuse and neglect 24/7, but intake structures differ.

- **Centralized Hotlines:** Texas, Arizona, Florida, and others operate centralized abuse hotlines statewide. These systems typically include online reporting options, though eligibility may vary.
- **County-Based Systems:** States like California rely on county-level hotlines and intake offices, creating a decentralized approach where reporting procedures and thresholds may differ by jurisdiction.
- **Additional Resources:** Some states offer other referral support services for families in need, similar to Texas's Youth and Parent Helplines.

Texas's SWI is unique in its scale and scope, processing reports across four programs: CPI, APS, RCCI, and Day Care Investigations (DCI). While Florida's hotline also accepts reports for both children and vulnerable adults, states like California and New York require separate reporting mechanisms, often at the county level, for elder abuse or exploitation.

Some states combine intake and screening functions. For example, Oregon's model emphasizes in-depth screening, with staff sometimes working a single intake for an entire day. By contrast, Texas has streamlined processes, with intake specialists typically completing a report within 30–40 minutes, enabling greater volume and efficiency.

## Child Protective Investigations

All states have designated functions for investigating allegations of child abuse and neglect in family and facility settings.

- **Integrated Investigations:** Texas is among a smaller group of states, including Oklahoma and South Carolina, where a single agency is responsible for investigating abuse and neglect in both family and licensed care settings. However, unlike Texas, regulatory oversight functions (e.g., licensing and compliance monitoring) in some of these states reside in separate divisions within the same agency.
- **Split Responsibilities:** In many states, different agencies are responsible for investigating abuse based on the setting. For example, Georgia and Florida assign family-based investigations to their child welfare agencies but delegate facility-based investigations to licensing or regulatory entities.
- **State vs. County Administration:** Some states, such as Colorado and Virginia, utilize centralized intake functions but allow county-level authorities to determine whether reports meet the statutory threshold for investigation. This hybrid model reflects the broader variation in state vs. county administration across the country.
- **Legal Representation:**
  - » Legal representation structures for child protective investigations vary across states. In Texas, DFPS has in-house legal counsel, but is often represented in court proceedings by local district or county attorneys.
  - » Other states, such as Florida and Arizona, rely on their Attorney General's Offices to represent the child protection agency in court, while states like California and New York delegate these responsibilities to county attorneys or local counsel.

## Child Protective Services

CPS systems differ in governance, but all must meet federal requirements tied to funding under Title IV-E and IV-B of the Social Security Act.

- **State-Administered Systems:** Texas and Florida operate state-administered CPS programs with centralized oversight and regional service delivery.
- **Community-Based Models:** Texas's CBC model, which contracts case management responsibilities to regional nonprofit entities, is comparable to approaches in Florida and Kentucky that involve local providers in service delivery while retaining state oversight.

- **County-Administered Systems:** States like California and Pennsylvania delegate CPS functions to counties, which operate under state supervision but have autonomy in casework decisions and operations.
- **City-Based Systems:** In rare cases, such as New York City, child welfare services are managed at the city level, operating independently from state administration.

## Adult Protective Services

APS program structures vary more widely than CPS, reflecting different approaches to elder and disability protective services.

- **State-Administered Models:** Texas, Michigan, and Tennessee administer APS through a centralized state agency, maintaining consistent policies and practices across regions.
- **County-Administered or Contracted Models:** States such as Minnesota and Colorado rely on counties to provide adult protective services, either directly or through contracted local providers. These states may offer localized service coordination but require robust state supervision to ensure compliance and consistency.
- **Hybrid or Decentralized Structures:** Some states operate hybrid systems, with the state setting policy but counties handling day-to-day casework. Others use contracted community-based providers to deliver services under state oversight.

**G. Discuss any changes that could impact your agency's key functions in the near future (e.g., changes in federal law or outstanding court cases).**

## Foster Care Litigation

On March 29, 2011, Children's Rights, a national advocacy group from New York City, filed suit against the Governor, HHSC, and DFPS in federal court alleging constitutional claims.

The lawsuit, known as *M.D. v. Abbott*, is a class action concerning substantive due process claims for a general class of children in the Permanent Managing Conservatorship (PMC) of DFPS foster care at the time. After the Fifth Circuit Court of Appeals struck two other sub-classes, there is one sub-class concerning oversight of licensed foster care placements.

There was a trial on the merits in December 2014. The court issued a memorandum opinion on December 17, 2015, finding for Children's Rights on all counts except one sub-class. The court appointed two special masters who began their work on April 1, 2016, and filed their recommendations with the court on November 4, 2016. The special masters' implementation plan was filed with the court on December 4, 2017.

On January 19, 2018, the district court entered a final order including an injunction against Texas. Texas immediately appealed and was granted a temporary administrative stay by the United States Fifth Circuit of Appeals. The Fifth Circuit issued an opinion on October 18, 2018, upholding some provisions and modifying others. The district court modified its final injunction on November 20, 2018. Upon appeal, the Fifth Circuit issued an opinion on July 8, 2019, which upheld and overturned parts of the district court's final injunction.

The final injunction went into effect when the stay lifted on July 30, 2019. A court-appointed monitoring team is assessing compliance with the final injunction provisions. DFPS has been making efforts toward improvement of over 40 remedial orders. These orders charge Texas with performing and completing timely and thorough investigations, lowering caseloads for caseworkers, apprising caregivers of sexual history of youth in care, ensuring DFPS staff have received sufficient training to address the needs of children in care, and ensuring children are not placed in settings that create an unreasonable risk of serious harm. These orders are also applicable to SSCCs operating under CBC in Texas.

The district court judge out of Corpus Christi was presiding over this case until October 2024. At that time, the Fifth Circuit issued an opinion that removed her from overseeing the case. The matter has been reassigned. Oversight of this matter continues, and Texas will continue to self-improve and continue to show consistent progress and compliance with all remedial orders.

#### **Family First Prevention Services Act (FFPSA):**

Although Texas has not yet submitted its formal FFPSA Title IV-E Prevention Plan, the law's provisions continue to influence DFPS policy direction and investment strategies. FFPSA emphasizes keeping children safely with families and limiting placements in congregate care, which aligns with state-level goals for prevention and family preservation. Future submission and implementation of the plan may prompt changes in program design, eligibility, and funding streams.

#### **H. Overall, how does the agency monitor and measure its effectiveness in carrying out its functions and objectives?**

The agency measures and monitors its effectiveness by tracking a broad range of performance indicators, including performance metrics and compliance with contract requirements. Some performance indicators are evaluated at the program level to assess specific functions, while others are routinely reviewed by agency leadership to ensure alignment with overall objectives. This structured approach allows the agency to gauge its progress and identify areas of improvement. Certain key measures are delivered quarterly, while others are reported annually. The agency monitors a wide range of performance indicators including, but not limited to, performance measures and compliance with contract requirements. Non-key measures are only included in the agency's Legislative Appropriations Request (LAR) and the Governor's Operation Budget (GOB).

*In the following table, provide information regarding your agency's performance measures, including outcome, output, efficiency, and explanatory measures. See Exhibit 2 Example. Please provide both key and non-key performance measures set by the Legislative Budget Board and any other performance measures or indicators the agency tracks. For any particular measures the agency has not been able to meet, please explain or provide context as needed about why.*



**Texas Department of Family and Protective Services**  
**Exhibit 2: Performance Measures – Fiscal Year 2026-2027**

Below are the FY 2026-27 Key Legislative Budget Board (LBB) Performance Measures with targets and counts from FY 2024.

LBB Performance Measures for FY 2026-27 (FY 2024 Counts)				
Measure #	Key Performance Measures†	Calculations	FY 2024 Q4 YTD	Targets
1.1 OC 1	Avg Hold Time: SWI (English)	Divide total time on hold for English queue calls handled by SWI staff or abandoned by the number of English queue calls.	6.01	7.4
2.1 OC 8	% Legal Resolution in 12 Months	Divide the number of children who achieved legal resolution within 12 months by the total number of children with legal resolution.	50.86%	54.30%
2.1 OC 12	% of Children Reunified with Family	Divide the number of children who exited conservatorship (CVS) to family reunification by the total number of children who exited CVS during FY.	39.47%	45.90%
2.1 OC 13	Of those not reunified, Permanency to Relative/Fictive Kin (%)	Of the children who did not reunify, what percentage exited conservatorship to Permanency to Relative/Fictive Kin?	56.90%	63.40%
2.1 OC 20	INV Caseworker Turnover Rate	Using the State Auditor's Office (SAO) methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.	32.58%	35.00%
2.1 OC 21	CPS Caseworker Turnover Rate – FBSS	Using the SAO methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.	26.09%	16.60%

### LBB Performance Measures for FY 2026-27 (FY 2024 Counts)

Measure #	Key Performance Measures†	Calculations	FY 2024 Q4 YTD	Targets
2.1 OC 22	CPS Caseworker Turnover Rate – CVS	Using the SAO methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.	54.08%*	25.00%
2.1 OC 23	CPS Caseworker Turnover Rate – KIN	Using the SAO methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.	21.62%*	12.00%
2.1 OC 24	CPS Caseworker Turnover Rate – FAD	Using the SAO methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.	24.05%*	10.00%
3.1 OC 2	% Abused/ Neglected/ Exploited Adults Served	What percentage received services of those adults who were validated as having been abused, neglected, or exploited?	83.78%	85.00%
3.1 OC 3	% Repeat Agency Engagement within 6 Months (APS)	Divide count of alleged victims with prior investigation within the past six months by all alleged victims in opened investigation (INV) during FY.	16.08%	15.00%
3.1 OC 4	APS In-Home Caseworker Turnover Rate	Using the SAO methodology: Total number of separations divided by the average quarterly number of employees (X 100).	29.06%	25.00%
1.1.1 OP 2	# CPS Child Abuse/Neglect Reports	Number of child abuse/neglect intakes received by SWI and entered into IMPACT.	286,679	291,264



### LBB Performance Measures for FY 2026-27 (FY 2024 Counts)

Measure #	Key Performance Measures†	Calculations	FY 2024 Q4 YTD	Targets
1.1.1 OP 3	# APS Abuse/Neglect/Exploit Reports	Abuse/neglect intakes recorded in IMPACT by SWI for adults age 65 and older or an adult age 64 or under with a disability.	123,687	120,975
1.1.1 EF 1	SWI Specialist Reports per Hour	Average number of reports worked by each specialist per hour. Includes all contacts: Phone calls, emails, text, etc.	1.92	1.8
2.1.1 OP 1	# Completed CPI Child Abuse/Neglect Investigations	Number of CPI child abuse/neglect investigations completed during the FY. The intake may have been received in prior FY.	144,204	163,246
2.1.1 OP 2	# Completed Residential Child Abuse/Neglect Investigations	Number of RCCI child abuse/neglect investigations completed during the FY. The intake may have been received in prior FY.	3,608	3,833
2.1.1 OP 3	# Completed Day Care Child Abuse/Neglect Investigations	Number of DCI child abuse/neglect investigations completed during the FY. The intake may have been received in prior FY.	1,810	1,265
2.1.1 OP 4	# Completed Alternative Response Stages	Number of AR stages completed during the FY. The intake may have been received in prior FY.	37,789	45,519
2.1.1 OP 5	# Confirmed CPS Child Abuse/Neglect Reports	Number of confirmed CPI child abuse/neglect investigations completed during the FY.	34,539	37,191
2.1.1 OP 6	# Confirmed Residential Child Abuse/Neglect Reports	Number of confirmed RCCI child abuse/neglect investigations completed during the FY.	225	205

**LBB Performance Measures for FY 2026-27 (FY 2024 Counts)**

Measure #	Key Performance Measures†	Calculations	FY 2024 Q4 YTD	Targets
2.1.1 OP 7	# Confirmed Day Care Child Abuse/Neglect Reports	Number of confirmed DCI child abuse/neglect investigations completed during the FY.	348	187
2.1.1 OP 10	# DFPS Children Adopted	Number of children in the legal responsibility of DFPS whose adoptions were consummated during the FY.	3,178	3,902
2.1.1 OP 13	# of RCCI Investigations Closed within 30 Days	Number of confirmed RCCI child abuse/neglect investigations completed within 30 days during the FY.	1,846	943
2.1.1 OP 14	# of DCI Investigations Closed within 30 Days	Number of confirmed DCI child abuse/neglect investigations completed within 30 days during the FY.	529	463
2.1.1 EF 1	CPS Daily Caseload per Worker: Investigation	Divide the year-to-date sum of all daily case counts (specific stage types assigned to case-carrying workers) by the sum of all daily caseworker counts (case carrying workers with at least one selected stage type as primary assignment). Stages included are: Intake (INT), if not progressed to INV in the same day; INV; Family Preservation (FPR); Sub Care (SUB), including children reunified; Family Sub Care (FSU); Adoption (ADO); Foster/Adopt Home Development (FAD), if approved or receiving casework services; and Kinship (KIN). Reported by seven Caseworker Types: CPI/RCCI/DCI Investigators, Family Based Safety Services (FBSS), SUB, FAD and KIN.	9.57	13

LBB Performance Measures for FY 2026-27 (FY 2024 Counts)				
Measure #	Key Performance Measures†	Calculations	FY 2024 Q4 YTD	Targets
2.1.1 EF 2	CPS Daily Caseload: Residential Care Investigation	Same as above.	5.88	5
2.1.1 EF 3	CPS Daily Caseload: Day Care Investigation	Same as above.	6.65	9
2.1.1 EF 4	CPS Daily Caseload per Worker: Family Based	Same as above.	9.85	6.1
2.1.1 EF 5*	CPS Daily Caseload per Worker: Substitute Care	Same as above.	15.2	17
2.1.1 EF 6*	CPS Daily Caseload per Worker: Foster/ Adopt	Same as above.	13.97	15
2.1.1 EF 7*	CPS Daily Caseload per Worker: Kinship	Same as above.	19.43	20
2.1.2 EX 1	# CPS Caseworkers Trained - INV, AR, FBSS, CVS (CPD)	Number of CPS case workers who completed Continuing Professional Development training (CPD) during the FY.	1,869	2,090
2.1.3 OP 1	Avg # Days TWC Foster Day Care Paid per Month	Total number of days paid for Texas Workforce Commission (TWC) Foster Day Care divided by 12 for monthly average.	36,090	33,912

\* Includes CBC transitioning staff.

### LBB Performance Measures for FY 2026-27 (FY 2024 Counts)

Measure #	Key Performance Measures†	Calculations	FY 2024 Q4 YTD	Targets
2.1.3 OP 2	Avg # Days TWC Relative Day Care Paid per Month	Total number of days paid for TWC Foster Day Care divided by 12 for monthly average.	21,326	17,884
2.1.3 OP 3	Avg # Days TWC Protective Day Care Paid per Month	Total number of days paid for TWC Foster Day Care divided by 12 for monthly average.	62,111	33,955
2.1.3 EF 1	Avg Cost/Day: TWC Foster Day Care	Numerator: Total amount paid divided by 12. Denominator: Average Number of Days Paid per Month (2-1-3 OP 1).	\$37.31	\$36.95
2.1.3 EF 2	Avg Cost/Day: Relative Day Care	Numerator: Total amount paid divided by 12. Denominator: Average Number of Days Paid per Month (2-1-3 OP 2).	\$35.84	\$34.75
2.1.3 EF 3	Avg Cost/Day: Protective Day Care	Numerator: Total amount paid divided by 12. Denominator: Average Number of Days Paid per Month (2-1-3 OP 3).	\$36.02	\$34.12
2.1.9 OP 1	Avg Mo # Foster Care FTEs	Full time equivalents (FTEs) are calculated by dividing the number of paid foster care days in a month by the days in the month.	10,218	12,116
2.1.9 OP 2	% Children (FTEs) Served in CBC Foster Care	Divide the sum of children (FTEs) in paid to CBC contractors by all paid foster care children (FTEs) during FY.	25.55%	54.30%
2.1.9 EF 1	Avg Mo Payment/Foster Care FTE	Divide the cost of paid foster care payments per month by the average monthly number of FTEs in paid foster care.	\$3,713.32	\$3,446.80

\* Includes CBC transitioning staff.

LBB Performance Measures for FY 2026-27 (FY 2024 Counts)				
Measure #	Key Performance Measures†	Calculations	FY 2024 Q4 YTD	Targets
2.1.10 OP 1	Avg Mo # of Children: Adoption Subsidy	Average monthly number of individual children receiving adoption subsidy payments made during FY.	52,816	54,252
2.1.10 OP 2	Avg Mo # of Children: Permanency Care Assistance	Average monthly number of children receiving permanency care assistance (PCA) payments made during FY.	7,252	7,808
2.1.10 EF 1	Avg Mo Payment: Adoption Subsidy	Avg. monthly expenditures for adoption subsidies divided by the avg. monthly number of subsidy payments made (2-1.10 OP 1).	\$420.86	\$420.78
2.1.10 EF 2	Avg Mo Payment: Permanency Care Assistance	Avg. monthly PCA expenditures divided by the avg. monthly number of PCA payments made (2-1.10 OP 2).	\$407.24	\$406.91
2.1.11 OP 1	Avg Mo # Children (FTE): Daily Caregiver Monetary Assistance Pmts	Average monthly number of individual children receiving Caregiver Monetary Assistance (RODC) payments during FY.	3,347	3,542
2.1.11 OP 2	Avg Mo # of Post-Permanency Payments	Divide the sum of the number of Post Permanency Payments made to individual children by the number of months (12 for FY).	88	66
2.1.11 EF 1	Avg Mo Cost Caregiver Monetary Assistance	Avg. monthly expenditures for RODC divided by the avg. monthly number of children receiving RODC payments (2-1.11 OP 1).	\$386.52	\$386.45
3.1.1 OP 1	# Completed APS Investigations	Number of APS abuse/neglect/exploitation investigations completed during the FY.	88,031	85,431
3.1.1 OP 2	# Validated APS Investigations	Number of confirmed APS abuse/neglect/exploitation investigations completed during the FY.	51,221	49,265

\* Includes CBC transitioning staff.

LBB Performance Measures for FY 2026-27 (FY 2024 Counts)				
Measure #	Key Performance Measures <sup>†</sup>	Calculations	FY 2024 Q4 YTD	Targets
3.1.1 EF 1	APS Daily Caseload	Divide the year-to-date sum of all daily APS case counts by the sum of all daily APS caseworkers with primary assignment.	24.5	22

Table 2 Exhibit 2 Performance Measures

\* Includes CBC transitioning staff.

<sup>†</sup> Key Performance Measures as defined in 89R LAR for FY 2026-27 and approved by LBB in July 2024.

DFPS is required to submit the Rider 15 report, which is a biannual report on selected LBB performance measures in SSCC catchment areas. The report is broken down into three sections, which are reflected below:

Section A – LBB Performance Measures by Active SSCC Catchment:	
Measure	Key Performance Measures <sup>†</sup>
2-1.8 OC	% of Children Achieving Legal Resolution within 12 Months
2-1.9 OC	% of Children who Achieved Permanency within 12 months
2-1.10 OC	% of Children Achieving Permanency in more than 12, but within 18 Months
2-1.11 OC	% of Children who Achieved Permanency after 18 months
2-1.14 OC	% in DFPS Conservatorship until the Age of Majority
2-1.15 OC	% of Children with TPR (ALL) adopted within 12 mos.
2-1.16 OC	Average Time to Permanency in Months
2-1.17 OC	Average Time to Reunification in Months
2-1.18 OC	# of Placement Moves per 1,000 Days in Sub Care

**Section A – LBB Performance Measures by Active SSCC Catchment:**

Measure	Key Performance Measure†
2-1.20 OC	INV Turnover Rate (non-SSCC)
2-1.21 OC	CPS FBSS Turnover Rate (non-SSCC)
n/a	Average Monthly # Removals

**Section B - CBC Foster Care Contract Performance Measures**

% of Children who do not experience abuse/neglect, or exploitation while in Foster Care
Foster Care placements per child
% of children placed within 50 miles of removal location (on last day of performance period)
% of cases where all siblings are placed together (on last day of performance period)

**Section C - CBC Conservatorship (CVS) Contract Performance Measures**

% of Placement Days in Family Setting (CVS)
Youth Age 16 and older have a Driver's License or ID
% of Youth turning 18 who have completed PAL Life Skills Training (CVS)
Of the Children Removed in the FY, how many Exited to Permanency within 1 Year
Of the Children Removed in the FY, how many Exited to Permanency within 18 Months
Of the Children Removed in the FY, how many Exited to Permanency within 2 Years
Of the Children Removed in the FY, how many Exited to Permanency within 3 Years
Of the Children Removed in the FY, how many Exited to Reunification within 1 Year

## Section C - CBC Conservatorship (CVS) Contract Performance Measures

Of the Children Removed in the FY, how many Exited to Reunification within 18 Months

Of the Children Removed in the FY, how many Exited to Reunification within 2 Years

Of the Children Removed in the FY, how many Exited to Reunification within 3 Years

% of Children in Kinship Placements on 60th Day After Removal

New CPS Intervention within 12 MOS of Exit to Permanency

The tolerance for variance within the Automated Budget and Evaluation System of Texas (ABEST) for LBB performance measures is +/- 5% of the target. DFPS is required to provide an Explanation of Variance statement for any actual performance entered outside the established tolerance target range. Please see Attachment FY24 Performance Measure Report for Explanation of Variance statements provided for the FY24 measures listed in the tables above.

**I. Please list all “mission critical” data resources (e.g., spreadsheets, databases, IT systems, and cloud-hosted applications) your agency maintains to collect, track, or display agency program data. By “mission critical,” we mean the main systems necessary for the day-to-day functioning of core and/or client-facing agency functions and services. Please do not include any statutorily required data collection upon which agency funding is contingent but which does not impact daily program functionality. As a companion to the list below, please provide additional information on each data resource using the template provided for Attachment 21 in that section of the instructions.**

### Texas Department of Family and Protective Services Exhibit 3: Mission Critical Data Resources

Data Resource Name	Associated Program(s) or Division(s)	Data Owner
SWI IMPACT	Statewide Intake	Stephen Black, Associate Commissioner of SWI
eReports	Statewide Intake	Stephen Black, Associate Commissioner of SWI
IMPACT	Statewide Intake, Child Protective Services, Child Protective Investigations, and Adult Protective Services	Audrey O’Neill, Acting Commissioner

Table 3 Exhibit 3 Mission Critical Data Resources



**J. Does the agency use any analytics software or platforms to collect, store, transform, or analyze agency data?**

Yes, the agency uses multiple analytics software platforms to collect, store, transform, and analyze agency data. These platforms are listed in Exhibit 4.

**Texas Department of Family and Protective Services  
Exhibit 4: Data Analytics Platforms**

Analytics Platform	Associated Data Resource(s)
Oracle	Data Warehouse
Databricks	Data Lakehouse (begin Jan 2026)
Tableau	Business Intelligence and Visualization
Microsoft Forms/Qualtrics/Survey Monkey/SalesForce	Survey and Case Reads
Informatica	Data Governance and Master Data Management (MDM)

Table 4 Exhibit 4 Data Analytics Platforms

**III. History and Major Events**

*Provide a timeline of your agency's history and key events, including:*

- *The date your agency was established*
- *The original purpose and responsibilities of your agency*
- *Major changes in responsibilities or statutory authority*

*Also consider including the following information if beneficial to understanding your agency:*

- *Changes to your policymaking body's name or composition*
- *Significant changes in state/federal legislation, mandates, or funding*
- *Significant state/federal litigation that specifically affects your agency's operations*
- *Key changes in your agency's organization (e.g., the major reorganization of the Health and Human Services Commission and the Department of State Health Services' divisions and program areas or the Legislature moving the Prescription Monitoring Program from the Department of Public Safety to the Texas State Board of Pharmacy).*

The following history contains major events related to the programs delivered by DFPS today, as well as organizational changes that led to its creation.

**1939**

SB 26, known as the Public Welfare Act of 1939, creates the Texas Department of Public Welfare.

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## 1977

The Legislature renames the Texas Department of Public Welfare as the Texas Department of Human Resources.

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## 1985

The Legislature renames the Texas Department of Human Resources as the Texas Department of Human Services.

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## 1991

The Legislature creates the Department of Protective and Regulatory Services (PRS). PRS assumes all responsibilities for child and adult protective services and child care licensing from the Department of Human Services (DHS). In addition, investigations of abuse and neglect in Texas Department of Mental Health and Mental Retardation (TDMHMR) facilities are transferred from Mental Health & Mental Retardation (MHMR) to PRS.

The Legislature abolishes the Health and Human Services Coordinating Council and creates the Texas Health and Human Services Commission (HHSC) to oversee the state's major health and human services agencies, which include:

- Texas Department on Aging;
- Commission on Alcohol and Drug Abuse;
- Commission for the Blind;
- Commission for the Deaf and Hearing Impaired;
- Interagency Council on Early Childhood Intervention;
- Department of Health;
- Department of Human Services;
- Juvenile Probation Commission;
- Texas Department of Mental Health and Mental Retardation;
- Department of Protective and Regulatory Services; and
- Texas Rehabilitation Commission.

The Legislature originally placed the Texas Youth Commission under HHSC but removed it in 1993.

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## 1992

PRS assumes all responsibility for child and adult protective services and child care licensing from DHS.

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## 1995

The Legislature transfers responsibility for investigations of abuse, neglect, and exploitation in community MHMR centers from MHMR to PRS.

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## 2003

As part of HB 2292, the Legislature renames PRS as the Department of Family and Protective Services (DFPS) and places it under the oversight of HHSC.

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## 2004

The Governor directs HHSC to review and reform the DFPS APS and CPS programs.

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## 2005

The Legislature substantially reforms CPS and APS, as well as changes the Child Care Licensing (CCL) program, focusing on strengthening investigative processes.

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## 2007

The Legislature continues to improve the CPS program by directing the agency to hire more caseworkers, improve response to reports of abuse, and form a pilot program to privatize 10 percent of case management.

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## 2009

The Legislature charges APS with investigating abuse, neglect, and exploitation in a new setting – private intermediate care facilities. The Legislature also codifies licensing exceptions in statute that had previously been handled by rule and expands services and benefits for youth in foster care.

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## 2011

The Legislature significantly reduces funding for many DFPS programs.

The Legislature supports the CPS Foster Care Redesign project, which authorizes DFPS to change the way it contracts with and pays for foster care services to create incentives for improving outcomes for children.

Children's Rights, a national advocacy group from New York City, files suit against the Governor, HHSC, and DFPS in federal court alleging constitutional claims. The lawsuit, known as *M.D. v. Abbott*, is a class action concerning substantive due process claims for a general class of approximately 12,000 children in the PMC of DFPS foster care. PMC refers to the long-term custody of children by DFPS, typically involving youth who have been in foster care for more than 12 to 18 months without obtaining a permanent placement.

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## 2013

The Legislature provides funding to DFPS targeted to improve the safety of children, strengthen staff retention, expand prevention services, improve kinship services, and enhance agency infrastructure. DFPS receives an additional 1,000 staff to lower caseloads for CPS Investigations, Conservatorship, and Kinship workers, maintain caller hold time in SWI, and investigate illegal child care operations. The Legislature funds an update to the DFPS automated casework systems, changes in the caseworker career ladder program, and an increase in relative caregiver monetary assistance one-time integration payments for sibling groups.

HB 1272 tasks several state agencies, including DFPS, with developing training for frontline staff on the recognition and prevention of human trafficking.

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## 2015

The Legislature amends the Family Code to include both sex and labor trafficking as a form of child abuse and neglect.

SB 200 consolidates the Department of Aging and Disability Services and the Department of Assistive and Rehabilitative Services at HHSC over the next two years. DFPS and the Department of State Health Services remain separate agencies, but significant restructuring of DFPS takes place under this bill.

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## 2016

The Legislature approves \$142 million in emergency funding to address high turnover and workload in CPS. The funding includes salary increases of up to \$12,000 for caseworkers, phased in over the first year of employment, and supports the hiring of 829 additional staff. The enhanced compensation plan is intended to improve morale, reduce vacancies, and increase the number of children seen within required time frames.

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## 2017

The Legislature passes HB 5, separating DFPS from HHSC and establishing DFPS as a stand-alone agency. DFPS prepares its own strategic plans and reports, and the Commissioner of DFPS reports directly to the Governor.

HB 5 mandates the creation of the Child Protective Investigations (CPI) division. Additionally, it transfers administrative functions previously moved to HHSC back to DFPS, including functions such as Information Technology, Contract Oversight and Support, and Legal Services.

SB 200 shifts the regulatory functions of DFPS to HHSC.

HB 249 and SB 11 amend the Government Code, Family Code, and Human Resources Code to:

- Keep the responsibility of conducting investigations of allegations of abuse, neglect, and exploitation in child care facilities at DFPS.
- Authorize CCI staff to share information about the investigation with the child-care facilities' regulatory agency, Child Care Regulation (CCR, formerly known as Child Care Licensing), a program of Texas Health and Human Services.
- Shift from Foster Care Redesign to CBC, which provided direction to DFPS to outsource the conservatorship case management function to Single Source Continuum Contractors (SSCCs).

The APS Facility Investigations program moves to HHSC in 2017.

The Texas Family and Protective Services Council is created as part of HB 5.

## 2019

The Legislature provides funding to improve retention and boost morale of SWI and APS caseworkers and supervisors and allocates funding for 151 additional staff to support programs across the agency.

In *M.D. v. Abbott*, a final injunction goes into effect on July 30, 2019. A monitoring team is court-appointed to assess compliance with the final injunction provisions.

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## 2021

SB 1896 creates the Office of Community-Based Care Transition (OCBCT) as a state agency independent of but administratively attached to DFPS. OCBCT oversees and manages CBC procurement, readiness, implementation, and community engagement statewide. OCBCT was created with the legislative intent to address needed improvements to the CBC system at the time, including addressing the pace by which CBC was being implemented.

HB 567 makes several changes to numerous sections in the Family Code, including:

- Change in the Neglectful Supervision definition, which now means an act or omission “evidencing the person’s blatant disregard” and replacing substantial risk of harm with “immediate danger.”
- DFPS can no longer request a non-emergency removal.

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## 2023

The Legislature funds the implementation and transition to the modernized T3C system, which provides universal child assessment tools and placement processes, 24 clearly defined service packages, three add-on services, and a new rate methodology for foster care. Providers must be credentialed for the service package they choose to provide, with the goal of improving the quality of care children receive while in DFPS custody.

SB 24 moves the Prevention and Early Intervention division from DFPS to HHSC effective September 1, 2024. The division is renamed Family Support Services and sits within Family Health Services, under the Chief Program and Services Officer. Portions of programmatic elements remain within DFPS, including child safety functions.

DFPS receives funding from the Legislature to create the Community-Based Care Operations Division (CBCO), which allows DFPS to have dedicated resources for the oversight of CBC contractors. The CBCO was established to create and mature processes and procedures related to SSCC contract administration and oversight of CBC.

DFPS receives funding from the Legislature to create the Office of Behavioral Health Strategy (OBHS) to provide coordination and cooperation between DFPS and the myriad of state funders and local providers of services to identify needs, address barriers, improve access, and expand the capacity of the children’s behavioral health system to meet the unique needs of children in DFPS conservatorship.

HB 4696 clarifies definitions of Department and Commission to ensure that investigative authority of abuse, neglect, and exploitation is accurately assigned in Chapter 48, Human Resources Code, and Chapter 261, Family Code. It directs reports of abuse by certain care providers to HHSC instead of DFPS. It also adds investigations involving elderly or disabled adults in residential child-care settings under HHSC authority.

HB 730 expands the alleged perpetrator notification requirements to include notification to a parent, legal guardian, or alleged perpetrator of their rights, written and verbally, upon first contact and before being interviewed. HB 730 further expands the advisements provided to the alleged perpetrator prior to being interviewed.

SB 593 requires an independent, third-party assessment of HHSC and DFPS rules, standards, and contract requirements for residential child-care providers. The assessment aims to streamline

regulations, remove barriers to quality care, and increase transparency. The final report is published in 2024, and both agencies are actively implementing recommendations.

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## 2025

Legislative funding is granted for several key areas, including funding for 1) a new case management system, which will replace IMPACT and allow for technological improvements and improve user accessibility, 2) annualizing and expanding CBC, and 3) meeting the needs of high acuity youth.

SB 513 creates a pilot program for rural CBC designed to improve child welfare services in areas where the current model has not been viable. DFPS, in partnership with a local lead entity, is required to develop and implement the rural CBC program, explore capitated funding and integrated case management, and commission an independent evaluation of the program.

HB 109 allows HHSC to construct or expand operations of certain inpatient mental health facilities. This is significant to DFPS because the purpose of these facilities will be to establish a residential treatment facility for the purpose of providing dedicated bed capacity for high acuity youth in DFPS conservatorship.

A series of bills expand oversight tools to help ensure the success of CBC. HB 4129 and SB 2032 and SB 2034 provide additional tools for contract and performance oversight and accountability. Additionally, SB 1398 expands the definition of family preservation services, adds restrictions to the placement of children in temporary emergency supervision, and modifies CBC contract provisions. It requires more detailed public reporting on SSCC performance and shifts the State Auditor's Office audit from annual to biennial. It also strengthens oversight of CBC by requiring DFPS to implement the use of corrective action plans, financial remedies, and quality improvement measures. The bill requires SSCCs to establish community advisory committees that meet quarterly and submit their recommendations to DFPS for inclusion in the annual review. It also requires DFPS to publish contract monitoring information online to support transparency and public confidence in CBC.

## IV. Policymaking Structure

A. Complete the following table to provide information on members of your policymaking body.

### Texas Department of Family and Protective Services Exhibit 5: Policymaking Body

Member Name	Current Term / Appointment Dates / Appointed By (e.g., Governor, Lt. Governor, Speaker)	Previous Terms Served (if applicable)	Qualification (e.g., public member, industry representative)	City
Audrey O'Neill <i>Acting Commissioner</i>	Assumed position upon departure of prior Commissioner on 8/1/2025	N/A	Former DFPS Deputy Commissioner for Programs	Austin
<b>Family and Protective Services Council</b>				
Connie Almeida, Ph.D. <i>Chair</i>	Appointed by Governor Abbott on 3/18/2021 Appointed to Chair by Governor Abbott on 12/16/2024 Term Ends: 2/1/2027	2019-2021	Public Member	Richmond
Omedi "Dee Dee" Cantu Arismendez	Appointed by Governor Abbott on 3/18/2021 Term Ends: 2/1/2027	2018-2021	Public Member	Alice
Michael Barton	Appointed by Governor Abbott on 12/10/2024 Term Ends: 2/1/2027	N/A	Public Member	Sugar Land
Tymothy Belseth	Appointed by Governor Abbott on 3/11/2025 Term Ends: 2/1/2031	N/A	Public Member	Pflugerville

Member Name	Current Term / Appointment Dates / Appointed By (e.g., Governor, Lt. Governor, Speaker)	Previous Terms Served (if applicable)	Qualification (e.g., public member, industry representative)	City
Hon. Katrina Griffith	Appointed by Governor Abbott on 1/16/2025 Term Ends: 2/1/2029	N/A	Public Member	Pearland
Liesa Hackett	Appointed by Governor Abbott on 4/4/2018 Term Ends: 2/1/2029	N/A	Public Member	Huntsville
Julie Krawczyk	Appointed by Governor Abbott on 3/11/2025 Term Ends: 2/1/2031	2020-2025	Public Member	Garland
Enrique Mata	Appointed by Governor Abbott on 3/11/2025 Term Ends: 2/1/2031	2020-2021	Public Member	El Paso
Michelle Liles Trevino	Appointed by Governor Abbott on 9/11/2023 Term Ends: 2/1/2029	N/A	Public Member	Leander

Table 5 Exhibit 5 Policymaking Body

## B. Describe the primary role and responsibilities of your policymaking body.

Pursuant to Human Resources Code §40.027, the DFPS Commissioner serves as the agency's ultimate rule- and policy-making authority. The Commissioner oversees the development of rules governing matters within the department's jurisdiction, including the delivery of services and the rights and responsibilities of individuals served or regulated by the department. The Texas Family and Protective Services Council was established and is governed by Human Resources Code §40.021-40.027. The Council is an advisory body; however, it does not approve rulemaking by the agency and does not direct or govern agency policy. The Council is composed of nine gubernatorial appointees who serve staggered six-year terms, with the terms of three members expiring February 1 of each odd-numbered



year. While Council members represent the public, individuals eligible for appointment must demonstrate an interest in and knowledge of programs administered by DFPS.

HB 140 (89R) amends the Human Resources Code to abolish the Family and Protective Services Council in 2026 and establishes the new Child Protective Investigations Advisory Committee. The Committee will advise on improving the quality and consistency of investigations through practice and policy recommendations.

### **C. How is the chair selected?**

The Governor appoints a member of the Family and Protective Services Council as the presiding officer (Council Chair) who serves in that capacity at the pleasure of the Governor. The Council has chosen to nominate a vice chair annually in March. Per its bylaws, the Council may also elect other officers, such as a secretary or committee chairs when they are necessary.

### **D. List any special circumstances or unique features about your policymaking body or its responsibilities.**

Per Human Resources Code §40.030, appointments to the DFPS Council must ensure representation from each geographic area of the state and reflect the state's population.

### **E. In general, how often does your policymaking body meet? How many times did it meet in fiscal years 2020 through 2024? Explain if the policymaking body met in-person or virtually during this time.**

Statute requires the Family and Protective Services Council to meet at least quarterly. In Fiscal Year (FY) 2020, the Council met in person three times, one meeting short of the required number, due to disruptions caused by the COVID-19 pandemic. In Fiscal Years 2021 to 2025, the Council met quarterly in person. In addition to regular meetings, Council members attended a variety of other meetings and agency events.

### **F. Does the policymaking body broadcast and archive its meetings?**

Yes. The Family and Protective Services Council's meetings are broadcast on the DFPS website. The archive is kept online.

### **G. Briefly describe all the training the members of the agency's policymaking body receive. How often do members receive this training or updated materials?**

Statute requires Family and Protective Services Council members to complete training before participating as an official Council member. The Council receives the training once at the beginning of their term. The training program consists of information on:

- Enabling legislation for the Council;
- Roles and functions of DFPS and the Council, including its advisory responsibilities; and
- Agency programs, rules, budget, and audit findings.

In addition to agency-specific subject matter training, each Council member completes ethics training, as well as a review of procedures relating to the Open Meetings Act, Public Information Act, and Administrative Procedures Act.

## **G2. What information is regularly presented to your policymaking body to keep them informed about the agency's operations and performance?**

During each regularly scheduled quarterly meeting, the DFPS Commissioner and senior agency staff brief the Texas Family and Protective Services Council on a variety of subject matters, including the agency's performance, current priorities, and ongoing projects. Agency staff also apprise the Council of changes in federal law that affect service and program delivery at the state level. Council members may also request presentations on specific topics related to DFPS programs. These briefings occur as part of the items presented for Council action or as items strictly for the purpose of informing the Council.

Council members also receive email updates, monthly at minimum, informing them of agency activities or issues, as well as legislative updates as needed.

## **H. How does your policymaking body obtain input from the public regarding issues under the agency's jurisdiction? How is this input incorporated into the operations of your agency?**

### **Negotiated Rulemaking and Stakeholder Groups**

All rulemaking initiatives include a comment period wherein the agency receives comments on proposed draft rules or rule revisions. Often, as a part of this process, the agency may initiate a stakeholder working group to solicit feedback before proposing actual draft rules and before the formal public input comment period begins. Before implementing a major new initiative, staff may conduct stakeholder meetings across the state to gain additional feedback. Also, the agency formally responds to all comments submitted.

### **Open Council Meetings**

Obtaining input from the public and stakeholders is a primary Texas Family and Protective Services Council responsibility. The Council's guiding principles include a focus on hearing the concerns and interests of stakeholders.

To ensure stakeholder input is included in all Council functions, open public testimony, including written testimony, is a standing agenda item.

The DFPS Commissioner and senior staff members attend the Texas Family and Protective Services Council meetings and directly benefit from hearing public and stakeholder input. Public input also allows the DFPS Commissioner and senior staff to work with stakeholders to address their concerns.

I. If your policymaking body uses subcommittees, advisory committees, councils, or other groups to carry out its duties, fill in the following table. See Exhibit 6 Example. For any advisory committees established in statute, please note the date of creation for the committee as well as the abolishment date as required by Texas Government Code, Section 2110.008.

*In addition, please attach a copy of any reports your agency filed under Texas Government Code, Section 2110.007 regarding an assessment of any statutory advisory committees as Attachment 28.*

**Texas Department of Family and Protective Services  
Exhibit 6: Subcommittees and Advisory Committees**

Name of Subcommittee or Advisory Committee	Size / Composition / How are members appointed?	Purpose / Duties	Legal Basis for Committee (statute or rule citation)	Creation and Abolishment Dates
Advisory Committee on Promoting Adoption of Minority Children (ACPAMC)	Up to 24 members appointed by the Commissioner.	ACPAMC works locally and at the state level; facilitates increased adoptions of African American and other minority children; and studies, develops, and evaluates programs and projects relating to community awareness and education, family support, counseling, parenting skills and education, and reform of the child welfare system.	Administrative Code §702.511	Established in 1997 by statute.  Created in rule on 4/1/2016. Set to be abolished on 8/31/2026.

Name of Subcommittee or Advisory Committee	Size / Composition / How are members appointed?	Purpose / Duties	Legal Basis for Committee (statute or rule citation)	Creation and Abolishment Dates
Parental Collaboration Group (PCG)	<p>There may be a total of 24 members at any given time who are appointed by Regional Directors or in a CBC region by the SSCC. Currently there are 15 members. All parent members must have previously been involved in the child welfare system as parents, and their case must be closed for one year; the Regional Director or CBC region by the SSCC may make exceptions to this rule if the parent is otherwise qualified.</p> <p>Members serve a two-year term and may be appointed for additional terms, not to exceed three terms. There is a chair, co-chair, and secretary by consensus.</p>	<p>The purpose of the PCG is to provide a forum for individuals who have been involved with the child welfare system as parents to discuss their experiences and make recommendations to the agency for improving the system.</p> <p>The responsibilities of the PCG include: providing information to staff regarding what parents experience as recipients of CPI/CPS/SSCC services and what can be improved; and providing recommendations based on parental input to improve practice and address policy issues.</p> <p>DFPS gathers information on the PCG activities to compile an annual report that may help shape agency policy/practice.</p> <p>The goals of PCG include: elevating the value of parents' voices and engagement to staff; increasing father involvement; increasing parent participation in regional parent support groups; supporting the disproportionality efforts at the regional and state level; focusing on Investigations, FBSS, and foster care; providing direction and guidance to the PCG meetings; and improving services for children and families by providing parental feedback to enhance CPS policy and practice.</p>	<p>Human Resources Code; Title 2, Subtitle D, Chapter 40, §40.030</p> <p>85th Leg., R.S., Ch. 316 (HB 5), Sec. 31, eff. September 1, 2017.</p> <p>Administrative Code §702.513</p>	<p>Established in 2002. Set to be abolished on 8/31/2026.</p>

Name of Subcommittee or Advisory Committee	Size / Composition / How are members appointed?	Purpose / Duties	Legal Basis for Committee (statute or rule citation)	Creation and Abolishment Dates
Youth Leadership Council (YLC)	The YLC consists of no more than 24 members. Members of the YLC are recommended by regional youth leadership councils, Regional Youth Specialists, Preparation for Adult Living staff, or other individuals familiar with current or former foster youth.	The YLC provides a forum for youth who are currently or were formerly in foster care to discuss their experiences with the Texas foster care system and make recommendations to DFPS for improving the system.	Administrative Code §702.515	Established in 1995. Set to be abolished on 8/31/2026.

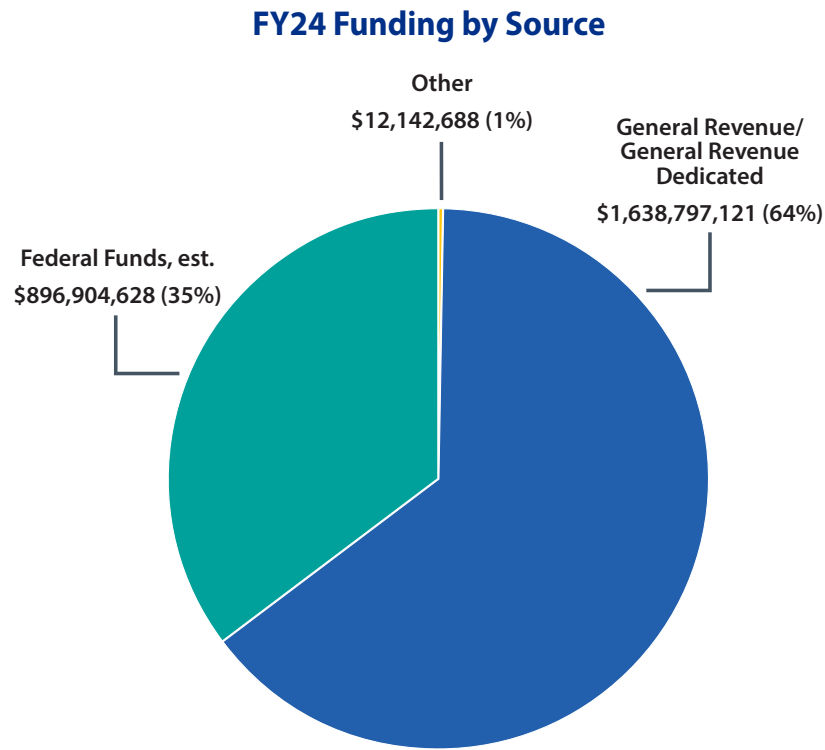
Name of Subcommittee or Advisory Committee	Size / Composition / How are members appointed?	Purpose / Duties	Legal Basis for Committee (statute or rule citation)	Creation and Abolishment Dates
Partners for Children and Families Committee (PCFC)	<p>The core committee shall consist of up to 15 members to be appointed by the Commissioner via an application process. Members will be selected through initial recommendations by a DFPS review committee, with final selection by the Commissioner.</p> <p>Members have demonstrated a commitment to the children, youth, and families of Texas and have knowledge and experience with the Texas child protection system.</p> <p>The membership may be comprised of individuals from:</p> <ul style="list-style-type: none"> <li>• Providers and provider associations</li> <li>• Youth formerly in foster care</li> <li>• Members of the legal system</li> <li>• Child welfare advocacy groups</li> <li>• Foster parents and kinship families</li> <li>• Other child welfare stakeholders</li> </ul> <p>The following organizations will have standing PCFC membership:</p> <ul style="list-style-type: none"> <li>• Texas Alliance of Child &amp; Family Services</li> <li>• Texas Network of Youth Services</li> <li>• Children's Commission</li> <li>• Texas CASA</li> </ul> <p>There are six standing subcommittees for purposes of studying and making recommendations on issues that the PCFC core committee determines are appropriate to the charge of the committee:</p> <ul style="list-style-type: none"> <li>• Community-Based Care</li> <li>• Placement</li> <li>• Contract Oversight and Regulatory</li> <li>• Foster Care and Kinship Policy</li> <li>• Intake and Investigations</li> <li>• Services and Support</li> </ul> <p>A member serves for a four-year term and may be appointed for one additional term at the Commissioner's discretion.</p>	<p>The purpose of PCFC is to work with DFPS to improve and strengthen the Texas child protection system. The PCFC advises DFPS on the evolution of the child protection system to its model of CBC and the impact on the child protection system at large.</p> <p>The responsibilities of the PCFC include: informing the Commissioner in matters that affect services to youth in the child protection system and their families; making recommendations for a child protection system that is child and family focused; encouraging initiatives to ensure children remain safely with their families or are appropriately placed and served close to home; promoting best practices in child protection service delivery and management that are data-driven, evidence-based, and outcome-focused; implementing a collaborative model that will continue systemic improvement beyond the tenure of the PCFC; and providing periodic progress reports to DFPS and stakeholders.</p>	<p>Rules are currently being updated for the establishment of PCFC. Administrative Code §702.517 and the repeal of §702.507 Committee on Advancing Residential Practices and §702.509 Public Private Partnership.</p>	<p>Committee established prior to rules being approved in 2024. Proposed rules set the abolishment date of August 31, 2034.</p>

Table 6 Exhibit 6 Subcommittees and Advisory Committees

## V. Funding

### A. Provide a brief description of your agency's major sources of funding.

DFPS operates almost exclusively on federal funds and state General Revenue. Less than one percent of the agency's funding comes from other sources. The DFPS appropriation for FY 2024 consisted of 35.2 percent federal funds, 64.3 percent General Revenue and General Revenue-Dedicated funds, and 0.5 percent other funds.



#### Federal Funds. \$896,904,628

- DFPS receives both entitlement funding and block grants from the U.S. Department of Health and Human Services.
- DFPS receives funding from 17 Assistance Listing Number (ALN) programs; all but three are under the authority of the Administration for Children and Families (ACF).
- ACF programs include entitlement funding for foster care, adoption assistance, guardianship assistance, and block grant funding such as Temporary Assistance for Needy Families (TANF), Social Services Block Grant, Child Care and Development Fund, and various child welfare programs.
- Medicaid is another funding source. DFPS is not a Medicaid operating agency but is allowed to claim Medicaid administration for certain activities.
- Most of these federal programs require state matching funds or a state maintenance of effort.

While the total amount of federal funds spent by the agency has increased in the last 12 years, the percentage of those funds used in the agency's budget has dropped significantly – from 52 percent to 35 percent. The agency's budget growth from \$1.3 billion in FY 2012 to \$2.5 billion in FY 2024, combined with the federal capped grant allotments remaining steady, and more stringent Title IV-E eligibility requirements limiting the costs allowable for the draw down of federal funds are the main contributing factors to the reduction of federal funds share. The exceptions to these trends were FY 2020-2021 when DFPS received one-time COVID-19 funding from the federal government, resulting in around a 50 percent federal share of DFPS's budget.

**State Funds.** \$1,638,797,121

- DFPS receives General Revenue funds to satisfy the state match requirements for federal funds as well as to fund costs that exceed block grant funding and to cover costs that federal funds are not allowed to cover.
- In FY 2024 DFPS was appropriated dedicated General Revenue funds from the Child Abuse and Neglect Prevention Trust Fund account, which transferred to HHSC on September 1, 2024.

**Other Funds.** \$12,142,688

- Other funds consist primarily of interagency contract receipts, receipts from counties that augment appropriated child welfare staff by funding extra positions, and a portion of the child support collected by the Office of the Attorney General.

**B. List all riders that significantly impact your agency's budget.**

The FY 2024–2025 General Appropriations Act (GAA) contains riders that affect DFPS. Changes to the riders enacted in the FY 2026-2027 GAA are also included. Below is a summary of those that significantly contribute to or affect the agency's budget. For a complete listing of all agency-specific riders, please see the GAA.

**Rider 3. Limitation on Expenditures for Conservatorship Suits.** Prohibits general revenue from being used to pay for legal representation for children or their parents in suits in which the agency is seeking to be named conservator, unless the Governor has declared it an emergency and it is approved by the Legislature Budget Board and the Governor. Without this rider, DFPS may be expected to pay for such costs by county governments.

**Rider 5. Limitation on Transfers: Foster Care, Adoption Subsidy, Permanency Care Assistance, and Relative Caregiver Payments.** Restricts the agency's ability to transfer funds out of the foster care, adoption subsidy, and relative caregiver payment strategies by requiring prior written approval. Additionally, the agency is required to provide written notification prior to transferring funds into and between these strategies.

**Rider 7. Limitation on Expenditures for Texas Workforce Commission (TWC) Contracted Day Care.** Prohibits the agency from spending more than the amounts appropriated for CPS day care without prior written approval and restricts the agency's ability to transfer funds out of and into TWC Contracted Day Care strategy by requiring prior written approval.

Note: FY 2026-2027 GAA Rider 7 provides DFPS flexibility by requiring only notification 30 business days prior to the transfer.



**Rider 9. Appropriation Transfer Between Fiscal Years.** Allows the agency, with prior written approval, to transfer funds in foster care and adoption payment strategies from the second year of the biennium when the costs associated with providing foster care or adoption subsidy payments are expected to exceed the funds appropriated for these payments in the first year of the biennium.

**Rider 10. Limitation on Transfers: CPS and APS Direct Delivery Staff.** Restricts the agency's ability to transfer funds or FTEs out of the two direct delivery staff strategies (B.1.1 CPS Direct Delivery Staff and D.1.1 APS Direct Delivery Staff) by requiring prior written approval. Additionally, the agency is required to provide written notification prior to transferring funds into these strategies.

Note: FY 2026-2027 GAA Rider 10 provides DFPS flexibility to transfer FTEs and associated funding from B.1.1 CPS Direct Delivery Staff to A.1.1 SWI services by requiring only notification 30 business days prior to the transfer.

**Rider 11. Medicaid and Title IV-E Federal Funds.** Restricts the agency's ability to spend general revenue and TANF federal funds that are freed up when federal entitlement revenues exceed the amounts appropriated by requiring prior written notification.

**Rider 16. College Degree Pay.** Authorizes the agency to pay up to 6.8 percent above base salary for employees with targeted college degrees to help recruit and retain staff for those jobs.

**Rider 18. Mentoring Stipend.** Authorizes the agency to pay additional compensation for the mentoring of new employees to increase worker retention.

**Rider 20. CPS Investigative Pay.** Authorizes the agency to pay a supplemental amount to CPS program investigative caseworkers and supervisors to help recruit and retain staff for those jobs.

**Rider 21. On-Call Pay.** Authorizes the agency to pay compensation for on-call hours at the specified rates to improve the recruitment and retention of employees.

**Rider 22. High Risk Pay.** Authorizes the agency to pay additional compensation for specific CPS and APS positions to increase worker retention.

**Rider 24. Rate Listings and Limitations.** Restricts the agency from reimbursing providers for foster care services at a higher rate than listed in the rider, paying rates that would exceed the amounts appropriated for the services to which the rate applies, or implementing new ones by requiring prior written approval.

Note: FY 2026-2027 Rider 23 further restricts DFPS flexibility by requiring prior written approval to increase the network support payment in contracts with SSCCs and rates in contracts with providers.

**Rider 27. Limitations: Community-Based Care Payments.** Prohibits the agency from spending more than the amounts appropriated for Community-Based Care payments without prior written approval.

**Rider 31. Purchased Client Services Reporting and Limitations.** Restricts the agency's ability to transfer funds out of or into purchased client services appropriations by requiring prior written approval.

Note: FY 2026-2027 GAA Rider 29 provides DFPS flexibility by requiring only notification 30 business days prior to the transfer.

**Rider 38. Community-Based Care Stage III Incentives and Payments.** Allows the agency to incentivize the SSCCs exceeding performance measures established in the SSCC contract. It limits incentives to the

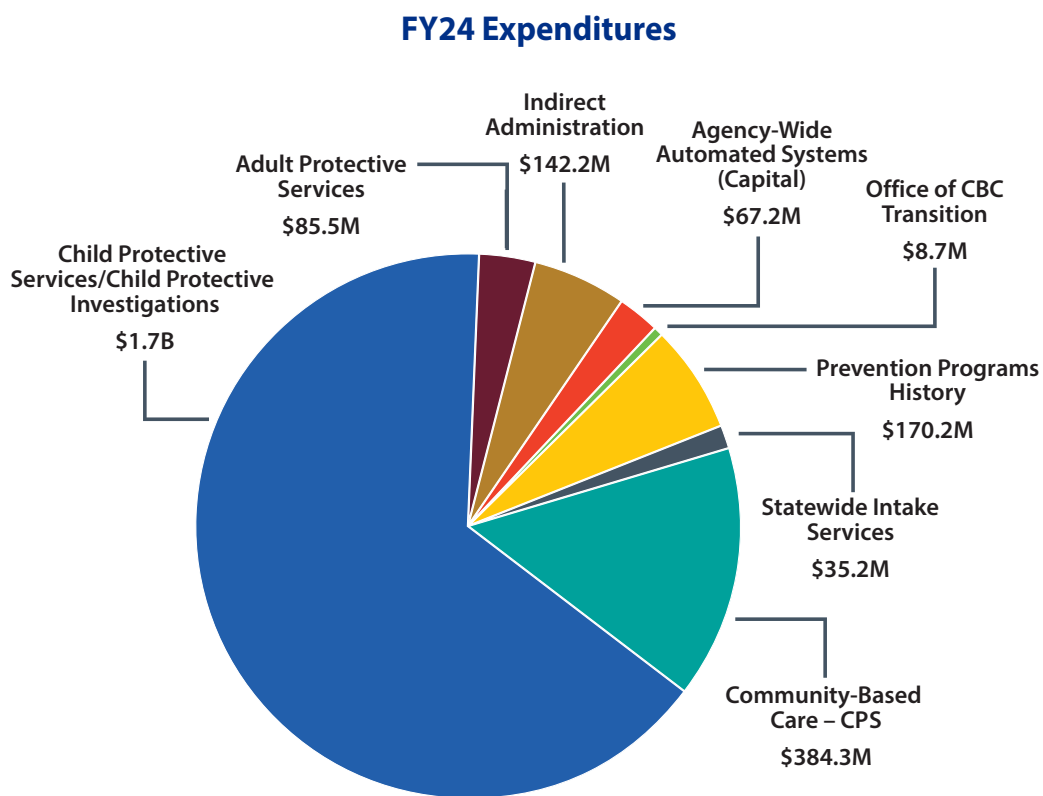
General Revenue portion of the savings. It also allows the agency to collect penalties and limits its use to the Strategy B.1.9 Foster Care Payments.

**Rider 43. Family First Transition Act Funding.** Provides the agency with authority to spend federal Family First Transition Act funding.

Note: FY 2026-2027 Rider 41 authorizes DFPS to continue the Texas Family First and Enhanced Family Engagement Pilot, but it is not tied to the federal Family First Transition Act funding due to its expiration.

**New Rider 14. Child and Family Services Review Process** added in FY 2026-2027 GAA restricts DFPS’s ability to use appropriated funds to pay for federal penalties without prior written approval.

C. Show your agency’s expenditures, including transfers, broken down into clear and easy-to-understand categories, as shown in the examples provided. This information forms the basis of the “Agency at a Glance” section of Sunset’s reports. See Exhibit 7 Example. Please ensure the totals provided for Expenditures and Sources of Revenue are equal.



**Texas Department of Family and Protective Services**  
**Exhibit 7: Expenditures – Fiscal Year 2024 (Actual)**

Category	Amount Spent	Percentage of Total	Contract Expenditures Included in Total Amount
Statewide Intake Services	\$35,237,331	1.38%	\$79,808
Child Protective Services/ Child Protective Investigations	\$1,654,519,060	64.94%	\$520,565,717
Child Protective Services – Community-Based Care	\$384,329,385	15.08%	\$384,329,385
Adult Protective Services	\$85,525,241	3.36%	\$8,264,139
Office of CBC Transition	\$8,657,155	0.34%	N/A
Indirect Administration	\$142,240,041	5.58%	\$23,416,396
Agency-Wide Automated Systems	\$67,181,193	2.64%	\$9,327,144
Prevention Programs*	\$170,155,031	6.68%	\$150,369,675
<b>GRAND TOTAL:</b>	<b>\$2,547,844,437</b>	<b>100%</b>	<b>\$1,096,352,263</b>

Table 7 Exhibit 7 Expenditures

**Texas Department of Family and Protective Services**  
**Exhibit 7A: Expenditures by Goal and Strategy – Fiscal Year 2024 (Actual)**

Department of Family and Protective Services Exhibit 1: Expenditures by Strategy – FY 2024 (Actual)			
Goal/Strategy	Amount Spent	Percentage of Total	Contract Expenditures Included (Actual)
A.1.1 SWI Services	\$35,237,331	1.38%	\$79,808
B.1.2 CPS Direct Delivery Staff	\$929,911,182	36.50%	\$285,535,947
B.1.3 CPS Program Support	\$125,838,277	4.94%	\$16,298,285
B.1.4 TWC Purchased Day Care Services	\$39,169,669	1.54%	\$37,948,175

**Department of Family and Protective Services**  
**Exhibit 1: Expenditures by Strategy – FY 2024 (Actual)**

Goal/Strategy	Amount Spent	Percentage of Total	Contract Expenditures Included (Actual)
B.1.5 Adoption Purchased Services	\$12,307,559	0.48%	\$10,763,000
B.1.6 Post-Adoption Purchased Services	\$6,415,701	0.25%	\$5,878,294
B.1.7 PAL Purchased Services	\$9,143,029	0.36%	\$5,645,504
B.1.8 Substance Abuse Purchased Services	\$13,597,190	0.53%	\$9,440,574
B.1.9 Other CPS Purchased Services	\$41,277,891	1.62%	\$34,689,745
B.1.10 Foster Care Payments	\$532,391,312	20.90%	\$498,695,578
B.1.11 Adoption Subsidy/PCA Payments	\$311,948,688	12.24%	N/A
B.1.12 Relative Caregiver Monetary Assistance Payments	\$16,847,947	0.66%	N/A
C.1.1 FAYS Program*	\$33,744,436	1.32%	\$33,383,971
C.1.2 CYD Program*	\$11,272,558	0.44%	\$10,503,481
C.1.3 Child Abuse Prevention Grants*	\$8,700,407	0.34%	\$7,772,440
C.1.4 Other At-Risk Prevention*	\$45,775,497	1.80%	\$40,877,793
C.1.5 Home Visiting Programs*	\$58,583,992	2.30%	\$53,990,133
C.1.6 At-Risk Prevention Program*	\$12,078,141	0.47%	\$3,841,856
D.1.1 APS Direct Delivery Staff	\$63,627,279	2.50%	\$65,173
D.1.2 APS Program Support	\$10,748,144	0.42%	\$644,099

**Department of Family and Protective Services**  
**Exhibit 1: Expenditures by Strategy – FY 2024 (Actual)**

Goal/Strategy	Amount Spent	Percentage of Total	Contract Expenditures Included (Actual)
D.1.3 APS Purchased Emergency Client Services	\$11,149,818	0.44%	\$7,554,867
E.1.1 Central Administration	\$40,534,193	1.59%	\$271,173
E.1.2 Other Support Services	\$18,210,131	0.71%	\$1,617,91
E.1.3 Regional Administration	\$1,377,269	0.05%	N/A
E.1.4 IT Program Support	\$82,118,448	3.22%	\$21,527,304
F.1.1 Agency-Wide Automated Systems	\$67,181,193	2.64%	\$9,327,144
G.1.1 Office of CBC Transition	\$8,657,155	0.34%	N/A
<b>GRAND TOTAL:</b>	<b>\$2,547,844,437</b>	<b>100.00%</b>	<b>\$1,096,352,263</b>

*Notes:*

1. Expenditures for CPS includes CPI.
2. \*Prevention Programs appropriations transferred to HHSC effective FY 2025.
3. Agency's shared contracted expenses (cost pool) were allocated to B.1.1 for purposes of the table.
4. Contract expense totals reflect expenditures with valid contract ID as of 12/31/24 from agency's financial system CAPPs, as SCOR does not provide contract expenditure information at strategy level.
5. Total contract dollars for all strategies include both client service contracts and administrative service contracts.
6. In FY 26/27 the GAA renumbered the budget strategies.

D. Show your agency's sources of revenue broken down into clear and easy-to-understand categories, as shown in the examples provided. This information forms the basis of the "Agency at a Glance" section of Sunset's reports. Include all local, state, and federal appropriations; all professional fees (for licensure and certification) and operating fees (charged to agency customers for services); and all other sources of revenue collected by the agency, including taxes and fines. See Exhibit 8 Example. Please ensure the totals provided for Expenditures and Sources of Revenue are equal.

**Texas Department of Family and Protective Services**  
**Exhibit 8: Sources of Revenue – Fiscal Year 2024 (Actual)**

Source	Amount
Appropriated Receipts – Child Support Collections	\$772,839
Appropriated Receipts – License Plate Trust Fund	\$8,792
Appropriated Receipts – Other <sup>[1]</sup>	\$11,361,0057
Interagency Contracts	\$0
General Revenue	\$1,634,512,121
General Revenue-Dedicated <sup>[2]</sup>	\$4,285,000
Federal Funds	\$896,904,628
<b>TOTAL</b>	<b>\$2,547,844,437</b>

Table 8 Exhibit 8 Sources of Revenue

Notes:

1. Appropriated Receipts – Other primarily consists of reimbursements from counties, other local entities, and hospitals for the portion of the DFPS CPS Direct Delivery staffing costs who work with the counties and local entities. It also includes administrative penalties and reimbursement from HHSC for the Foster Care Litigation costs.
2. General Revenue – Dedicated transferred to HHSC effective FY 2025.

E. If you receive funds from multiple federal programs, show the source agency and type of federal funding. See Exhibit 9 Example.

**Texas Department of Family and Protective Services**  
**Exhibit 9: Federal Funds – Fiscal Year 2024 (Actual)**

Source/Type of Fund and Description of Fund	State / Federal Match Ratio	State Share	Federal Share	Total Funding
93.090.050 Title IV-E Guardianship Assistance – Administration	50/50	\$1,245,776	\$1,245,776	\$2,491,552
93.090.060 Title IV-E Guardianship Assistance – FMAP	FMAP (FFY)	\$8,064,740	\$12,461,468	\$20,526,208
93.659.075 Every Student Succeeds Act/ Preschool Development Grants*	30/70	\$3,797,075	\$8,859,842	\$12,656,917
93.556.001 Title IV-B, Part 2 Promoting Safe and Stable Families	25/75	\$10,818,894	\$32,456,682	\$43,275,576
93.556.002 Title IV-B, Part 2 Promoting Safe and Stable Families - Caseworker Visits	25/75	\$572,226	\$1,716,677	\$2,288,903
93.556.003 Title IV-B, Part 2 Promoting Safe and Stable Families - Kinship Navigator			\$1,832,076	\$1,832,076
93.556.0025 Title IV-B, Part 2 Promoting Safe and Stable Families - FFTA			\$34,757,839	\$34,757,839

Source/Type of Fund and Description of Fund	State / Federal Match Ratio	State Share	Federal Share	Total Funding
93.558.000 Temporary Assistance for Needy Families			\$302,821,248	\$302,821,248
93.575.000 Child Care and Development Block Grant			\$30,143,790	\$30,143,790
93.590.000 Community-Based Child Abuse Prevention Grants*	20/80	\$1,880,245	\$7,520,980	\$9,401,225
93.590.119 Community-Based Child Abuse Prevention Grants (ARPA)*			\$6,079,779	\$6,079,779
93.599.000 Title IV-E Chafee Education and Training Vouchers Program (ETV)	20/80	\$804,770	\$3,219,080	\$4,023,850
93.603.000 Adoption Incentive Payments			\$1,065,000	\$1,065,000
93.645.000 Title IV-B, Part 1 Child Welfare Services State Grant	25/75	\$8,012,539	\$24,037,616	\$32,050,155
93.658.050 Title IV-E Foster Care - Administration	50/50	\$93,378,408	\$93,378,408	\$186,756,816
93.658.060 Title IV-E Foster Care – FMAP	FMAP (FFY)	\$37,912,232	\$58,543,122	\$96,455,354
93.658.075 Title IV-E Foster Care - Training	25/75	\$2,666,498	\$7,999,494	\$10,665,992



Source/Type of Fund and Description of Fund	State / Federal Match Ratio	State Share	Federal Share	Total Funding
93.659.050 Title IV-E Adoption Assistance - Administration	50/50	\$13,319,248	\$13,319,248	\$26,638,496
93.659.060 Title IV-E Adoption Assistance - FMAP	FMAP (FFY)	\$103,159,963	\$151,728,759	\$254,888,722
93.659.075 Title IV-E Adoption Assistance - Training	25/75	\$10,412	\$31,237	\$41,649
93.659.075 Title IV-E Adoption Assistance – Training Delink	25/75	\$3,373	\$10,120	\$13,493
93.667.000 Title XX Social Services Block Grant			\$28,983,072	28,983,072
93.669.000 Child Abuse and Neglect State Grants			\$7,859,700	\$7,859,700
93.669.119 Child Abuse and Neglect State Grants (ARPA)			\$5,435,673	\$5,435,673
93.674.000 Chafee Foster Care Independence Program	20/80	\$1,974,423	\$7,897,693	\$9,872,116
93.747.119 Elder Abuse Prevention Interventions Program (ARPA)			\$10,824,993	\$10,824,993

Source/Type of Fund and Description of Fund	State / Federal Match Ratio	State Share	Federal Share	Total Funding
93.778.003 Medical Assistance Program	50/50	\$18,189,602	\$18,189,602	\$36,379,204
93.870.000 Maternal, Infant and Early Childhood Home Visiting Grant*	25/75	\$6,843,390	\$20,530,170	\$27,373,560
93.870.119 Maternal, Infant and Early Childhood Home Visiting Grant (ARPA)*			\$3,955,484	\$3,955,484
<b>Total</b>		<b>\$312,653,814</b>	<b>\$896,904,628</b>	<b>\$1,209,558,442</b>

Table 9 Exhibit 9 Federal Funds

Notes:

1. Grants marked with asterisk (\*) transferred to HHSC along with prevention programs effective FY 2025.
2. The non-federal share for Title IV-E Chafee Education and Training Vouchers Program (ETV) is met by the state-funded cost of tuition for former foster care youth in state-supported institutions of higher education (reported by the Higher Education Coordinating Board)
3. Title IV-B regulations allow a state to use state fund expenditures that are not used to satisfy the required state funding match for any other federal title (but not to exceed the amount used for match in federal FY 2005).  
Expenditures at the FMAP ratio in a given state fiscal year would be subject to two FMAP rates, depending on the month of the expenditure.  
During the federal FY 2023 and into FFY 2024, FMAP ratio had a step-down schedule from the enhanced FMAP rate established in response to the COVID-19 pandemic in FFY 2020. Below are the FMAP ratios applicable for State Fiscal Year 2024.  
State or non-federal share amounts above are based on projected collections in appropriation year 2024 and assume a rate of 40.13.  
July 2023 – September 2023: 37.63/62.37  
October 2023 – December 2023: 38.35/61.65

F. If applicable, provide detailed information on the fees your agency collects. Please explain how much fee revenue is deposited/returned to the General Revenue Fund and why, if applicable. See Exhibit 10 Example.

**Texas Department of Family and Protective Services**  
**Exhibit 10: Fee Revenue – Fiscal Year 2024**

Fee Description/ Program/ Statutory Citation	Current Fee/ Statutory Maximum	Fees Set by Statute or Rule?	Number of Persons or Entities Paying the Fee	Fee Revenue	Where Fee Revenue is Deposited
Fees for Copies or Filing of Records General Appropriations Act, 88th Leg., RS 2023, Art. IX §12.02	Various	Rule	Various	\$3,915	General Revenue Fund
Administrative Penalties General Appropriations Act, 88th Leg., RS 2023, Art. II, Rider 30.	Various	Rule	206	\$246,041	General Revenue Fund

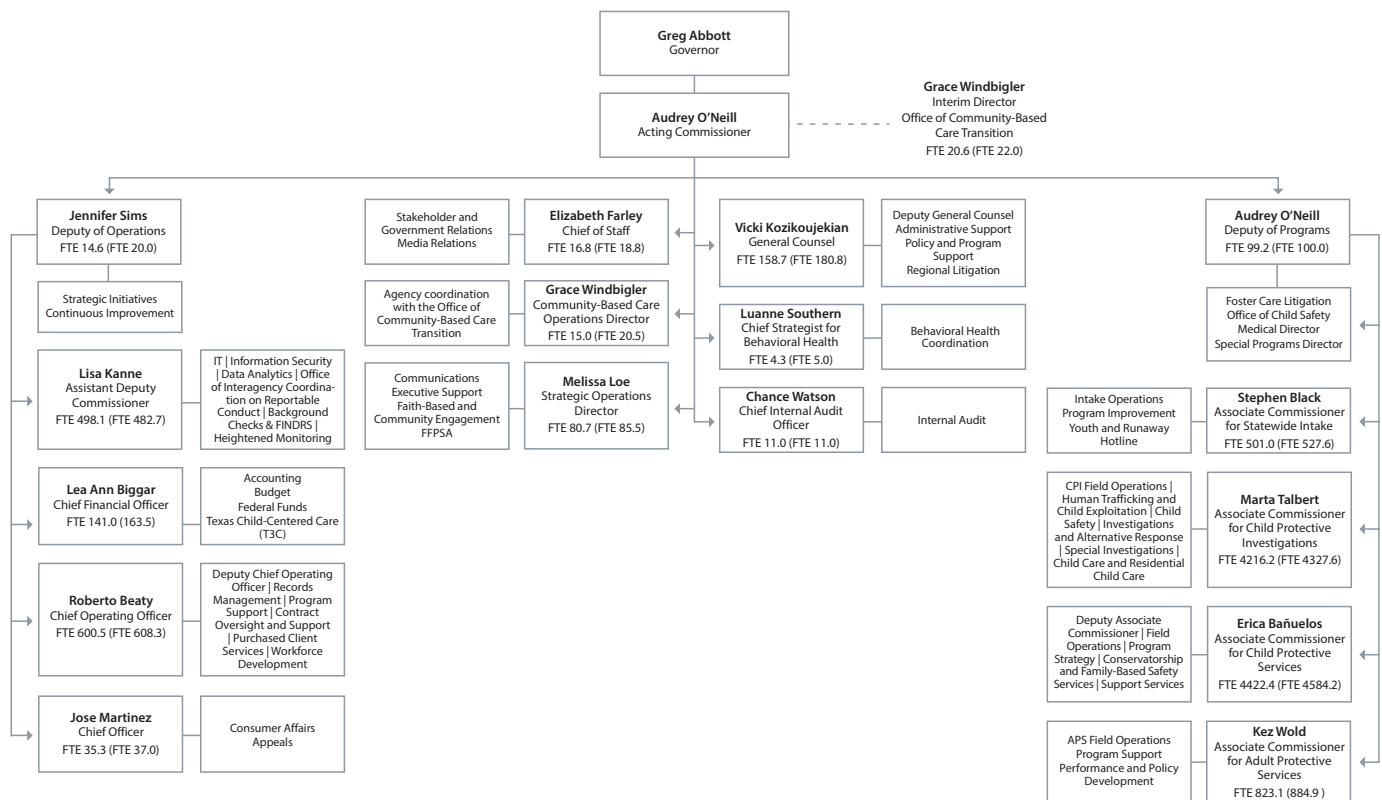
Table 10 Exhibit 10 Fee Revenue

## VI. Organization

A. Provide an organizational chart that includes major programs and divisions and shows the number of FTEs in each program or division. Detail should include, if possible, division heads with subordinates and actual FTEs with budgeted FTEs in parentheses.

The following chart depicts DFPS's organizational structure, including the number of full-time equivalent (FTE) positions that were filled as of January 2025 and the number of budgeted FTEs in parentheses.

### Department of Family and Protective Services



Revised 8/27/2025

**B. Complete the table below listing the agency's headquarters and number of FTEs and, if applicable, field or regional offices. See Exhibit 11 Example.**

**Texas Department of Family and Protective Services**  
**Exhibit 11: FTEs by Location – Fiscal Year 2025 (as of SER submission)**

Headquarters, Region, or Field Office	Location	Co- Located? Yes/No	Number of Budgeted FTEs FY 2025	Number of FTE Positions*
<b>Region 1 Lubbock</b>				
01-Lubbock	Lubbock	Mixed	185.0	201.0
01-Lubbock	Amarillo	Yes	118.0	132.0
01-Lubbock	Borger	Yes	10.0	10.0
01-Lubbock	Brownfield	No	6.0	9.0
01-Lubbock	Childress	Yes	9.0	5.0
01-Lubbock	Dumas	Yes	3.0	3.0
01-Lubbock	Hereford	Yes	7.0	7.0
01-Lubbock	Levelland	No	7.0	8.0
01-Lubbock	Littlefield	Yes	4.0	4.0
01-Lubbock	Pampa	No	4.0	4.0
01-Lubbock	Plainview	Yes	16.0	17.0
<b>Region 2 Abilene</b>				
02-Abilene	Abilene	No	138.0	142.0
02-Abilene	Ballinger	No	7.0	7.0
02-Abilene	Bowie	Yes	13.0	13.0
02-Abilene	Breckenridge	Yes	10.0	10.0

*\*The number of FTE positions is higher than the number of budgeted positions to account for turnover and vacancy rates at DFPS; however, the number of filled positions does not exceed the number of budgeted positions.*

*\*\*This section reflects the budgeted FTEs appropriated to DFPS under HB 1, the General Appropriations Act.*

Headquarters, Region, or Field Office	Location	Co- Located? Yes/No	Number of Budgeted FTEs FY 2025	Number of FTE Positions*
02-Abilene	Brownwood	Yes	30.0	31.0
02-Abilene	Eastland	Yes	8.0	8.0
02-Abilene	Graham	Yes	7.0	8.0
02-Abilene	Haskell	Yes	3.0	3.0
02-Abilene	Seymour	Yes	2.0	2.0
02-Abilene	Snyder	Yes	7.0	7.0
02-Abilene	Sweetwater	No	6.0	6.0
02-Abilene	Vernon	Yes	8.0	8.0
02-Abilene	Wichita Falls	Yes	79.0	83.0
<b>Region 3 Arlington</b>				
03-Arlington	Arlington	Mixed	223.0	237.0
03-Arlington	Bonham	Yes	15.0	14.0
03-Arlington	Carrollton	Yes	11.0	11.0
03-Arlington	Cleburne	No	65.0	65.0
03-Arlington	Corsicana	Yes	20.0	20.0
03-Arlington	Dallas	Mixed	613.0	642.0
03-Arlington	Decatur	Yes	21.0	22.0
03-Arlington	Denton	Mixed	133.0	140.0
03-Arlington	Fort Worth	Mixed	335.0	346.0
03-Arlington	Gainesville	Yes	16.0	16.0

\*The number of FTE positions is higher than the number of budgeted positions to account for turnover and vacancy rates at DFPS; however, the number of filled positions does not exceed the number of budgeted positions.

\*\*This section reflects the budgeted FTEs appropriated to DFPS under HB 1, the General Appropriations Act.

Headquarters, Region, or Field Office	Location	Co- Located? Yes/No	Number of Budgeted FTEs FY 2025	Number of FTE Positions*
03-Arlington	Granbury	No	28.0	29.0
03-Arlington	Grand Prairie	Yes	39.0	39.0
03-Arlington	Greenville	Mixed	46.0	49.0
03-Arlington	Hurst	Mixed	20.0	21.0
03-Arlington	Irving	No	1.0	1.0
03-Arlington	Kaufman	Yes	51.0	51.0
03-Arlington	Lake Worth	No	43.0	43.0
03-Arlington	Lewisville	Mixed	45.0	45.0
03-Arlington	McKinney	No	40.0	41.0
03-Arlington	Mineral Wells	Yes	25.0	25.0
03-Arlington	Plano	Mixed	116.0	121.0
03-Arlington	Rockwall	No	40.0	41.0
03-Arlington	Sherman	No	52.0	54.0
03-Arlington	Stephenville	Yes	20.0	20.0
03-Arlington	Watauga	Yes	91.0	94.0
03-Arlington	Waxahachie	Mixed	60.0	62.0
03-Arlington	Weatherford	Mixed	41.0	44.0
<b>Region 4 Tyler</b>				
04-Tyler	Athens	No	36.0	39.0
04-Tyler	Atlanta	Yes	5.0	8.0

\*The number of FTE positions is higher than the number of budgeted positions to account for turnover and vacancy rates at DFPS; however, the number of filled positions does not exceed the number of budgeted positions.

\*\*This section reflects the budgeted FTEs appropriated to DFPS under HB 1, the General Appropriations Act.

Headquarters, Region, or Field Office	Location	Co- Located? Yes/No	Number of Budgeted FTEs FY 2025	Number of FTE Positions*
04-Tyler	Canton	Yes	20.0	24.0
04-Tyler	Carthage	Yes	4.0	5.0
04-Tyler	Clarksville	Yes	6.0	6.0
04-Tyler	Daingerfield	Yes	2.0	3.0
04-Tyler	Gilmer	Yes	17.0	17.0
04-Tyler	Henderson	Yes	20.0	22.0
04-Tyler	Jacksonville	Mixed	19.0	22.0
04-Tyler	Linden	Yes	2.0	2.0
04-Tyler	Longview	No	57.0	58.0
04-Tyler	Marshall	Yes	24.0	29.0
04-Tyler	Mount Pleasant	Yes	14.0	15.0
04-Tyler	Mount Vernon	Yes	4.0	4.0
04-Tyler	Palestine	Yes	15.0	19.0
04-Tyler	Paris	Yes	22.0	23.0
04-Tyler	Quitman	Yes	13.0	14.0
04-Tyler	Rusk	Yes	5.0	5.0
04-Tyler	Sulphur Springs	Yes	19.0	17.0
04-Tyler	Texarkana	Yes	50.0	51.0
04-Tyler	Tyler	Mixed	82.5	99.0

\*The number of FTE positions is higher than the number of budgeted positions to account for turnover and vacancy rates at DFPS; however, the number of filled positions does not exceed the number of budgeted positions.

\*\*This section reflects the budgeted FTEs appropriated to DFPS under HB 1, the General Appropriations Act.



Headquarters, Region, or Field Office	Location	Co- Located? Yes/No	Number of Budgeted FTEs FY 2025	Number of FTE Positions*
<b>Region 5 Beaumont</b>				
05-Beaumont	Beaumont	Yes	53.0	5.0
05-Beaumont	Center	Yes	4.0	4.0
05-Beaumont	Coldspring	Yes	9.0	9.0
05-Beaumont	Crockett	Yes	12.0	14.0
05-Beaumont	Hemphill	Yes	2.0	2.0
05-Beaumont	Jasper	Yes	14.0	16.0
05-Beaumont	Kirbyville	Yes	5.0	5.0
05-Beaumont	Livingston	Yes	18.0	22.0
05-Beaumont	Lufkin	Yes	42.0	44.0
05-Beaumont	Lumberton	No	9.0	4.0
05-Beaumont	Nacogdoches	Yes	42.0	46.0
05-Beaumont	Orange	Yes	24.0	25.0
05-Beaumont	Port Arthur	Yes	23.1	27.0
05-Beaumont	Silsbee	Yes	3.0	3.0
05-Beaumont	Woodville	Yes	6.0	6.0
<b>Region 6 Houston</b>				
06-Houston	Alvin	Yes	17.0	17.0
06-Houston	Angleton	No	57.0	60.0
06-Houston	Bay City	Yes	11.0	11.0

\*The number of FTE positions is higher than the number of budgeted positions to account for turnover and vacancy rates at DFPS; however, the number of filled positions does not exceed the number of budgeted positions.

\*\*This section reflects the budgeted FTEs appropriated to DFPS under HB 1, the General Appropriations Act.

Headquarters, Region, or Field Office	Location	Co- Located? Yes/No	Number of Budgeted FTEs FY 2025	Number of FTE Positions*
06-Houston	Bellville	Yes	30.0	31.0
06-Houston	Columbus	Yes	2.0	2.0
06-Houston	Conroe	No	224.0	239.0
06-Houston	Crosby	Yes	14.0	14.0
06-Houston	Galveston	Mixed	112.0	114.0
06-Houston	Houston	Mixed	1533.0	1658.0
06-Houston	Humble	No	57.0	70.0
06-Houston	Huntsville	Yes	17.0	17.0
06-Houston	Liberty	Yes	38.0	40.0
06-Houston	Pearland	No	92.0	97.0
06-Houston	Rosenberg	Mixed	152.0	162.0
06-Houston	Texas City	Yes	51.0	57.0
06-Houston	Wharton	No	16.0	18.0
<b>Region 7 Austin</b>				
07-Austin	Austin	Mixed	512.0	834.0
07-Austin	Bastrop	Yes	55.0	60.0
07-Austin	Brenham	Yes	27.0	29.0
07-Austin	Bryan	Mixed	93.0	103.0
07-Austin	Burnet	Yes	35.0	38.0
07-Austin	Cameron	Yes	18.0	19.0

\*The number of FTE positions is higher than the number of budgeted positions to account for turnover and vacancy rates at DFPS; however, the number of filled positions does not exceed the number of budgeted positions.

\*\*This section reflects the budgeted FTEs appropriated to DFPS under HB 1, the General Appropriations Act.

Headquarters, Region, or Field Office	Location	Co- Located? Yes/No	Number of Budgeted FTEs FY 2025	Number of FTE Positions*
07-Austin	Centerville	Yes	6.0	6.0
07-Austin	Copperas Cove	Yes	69.0	73.0
07-Austin	Georgetown	No	49.0	53.0
07-Austin	Giddings	Yes	11.0	11.0
07-Austin	Hamilton	Yes	6.0	7.0
07-Austin	Hillsboro	Yes	18.0	19.0
07-Austin	Killeen	No	161.0	185.0
07-Austin	Lampasas	Yes	27.0	30.0
07-Austin	Lockhart	No	29.0	30.0
07-Austin	Madisonville	Yes	9.0	9.0
07-Austin	Marlin	Yes	2.0	2.0
07-Austin	Mexia	Yes	25.0	27.0
07-Austin	Round Rock	Yes	79.0	86.0
07-Austin	San Marcos	Yes	78.0	85.0
07-Austin	Taylor	Yes	39.0	39.0
07-Austin	Temple	Mixed	137.0	153.0
07-Austin	Waco	Mixed	198.0	216.0
<b>Region 8 San Antonio</b>				
08-San Antonio	Boerne	Yes	7.0	7.0
08-San Antonio	Crystal City	Yes	8.0	8.0

\*The number of FTE positions is higher than the number of budgeted positions to account for turnover and vacancy rates at DFPS; however, the number of filled positions does not exceed the number of budgeted positions.

\*\*This section reflects the budgeted FTEs appropriated to DFPS under HB 1, the General Appropriations Act.

Headquarters, Region, or Field Office	Location	Co- Located? Yes/No	Number of Budgeted FTEs FY 2025	Number of FTE Positions*
08-San Antonio	Cuero	Yes	13.0	13.0
08-San Antonio	Del Rio	Yes	10.0	10.0
08-San Antonio	Eagle Pass	Yes	15.0	15.0
08-San Antonio	Floresville	Yes	15.0	14.0
08-San Antonio	Gonzales	Yes	3.0	3.0
08-San Antonio	Hallettsville	Yes	3.0	3.0
08-San Antonio	Hondo	Yes	20.0	23.0
08-San Antonio	Jourdanton	No	17.0	18.0
08-San Antonio	Kerrville	Yes	31.0	33.0
08-San Antonio	New Braunfels	No	55.0	57.0
08-San Antonio	Pearsall	Yes	10.0	10.0
08-San Antonio	San Antonio	Mixed	1270.0	1378.0
08-San Antonio	Seguin	Yes	42.0	44.0
08-San Antonio	Uvalde	Yes	9.0	9.0
08-San Antonio	Victoria	Yes	42.0	41.0
<b>Region 9 Midland</b>				
09-Midland	Andrews	Yes	7.0	8.0
09-Midland	Big Spring	Yes	10.0	11.0
09-Midland	Brady	Yes	6.0	7.0
09-Midland	Fort Stockton	Yes	5.0	6.0

\*The number of FTE positions is higher than the number of budgeted positions to account for turnover and vacancy rates at DFPS; however, the number of filled positions does not exceed the number of budgeted positions.

\*\*This section reflects the budgeted FTEs appropriated to DFPS under HB 1, the General Appropriations Act.

Headquarters, Region, or Field Office	Location	Co- Located? Yes/No	Number of Budgeted FTEs FY 2025	Number of FTE Positions*
09-Midland	Lamesa	Yes	2.0	4.0
09-Midland	Midland	Yes	64.0	75.0
09-Midland	Monahans	Yes	3.0	3.0
09-Midland	Odessa	No	56.0	112.0
09-Midland	Pecos	Yes	1.0	1.0
09-Midland	San Angelo	Yes	88.0	152.0
<b>Region 10 El Paso</b>				
10-El Paso	Alpine	Yes	5.0	5.0
10-El Paso	El Paso	Mixed	331.0	353.0
10-El Paso	Marfa	Yes	1.0	1.0
10-El Paso	Presidio	Yes	2.0	2.0
10-El Paso	Socorro	Yes	39.0	46.0
<b>Region 11 Edinburg</b>				
11-Edinburg	Alice	Yes	33.0	34.0
11-Edinburg	Aransas Pass	Yes	31.0	32.0
11-Edinburg	Beeville	Yes	31.0	32.0
11-Edinburg	Brownsville	No	99.0	108.0
11-Edinburg	Corpus Christi	No	239.0	257.0
11-Edinburg	Edinburg	Mixed	199.0	217.0
11-Edinburg	Harlingen	Yes	89.0	92.0

\*The number of FTE positions is higher than the number of budgeted positions to account for turnover and vacancy rates at DFPS; however, the number of filled positions does not exceed the number of budgeted positions.

\*\*This section reflects the budgeted FTEs appropriated to DFPS under HB 1, the General Appropriations Act.

Headquarters, Region, or Field Office	Location	Co- Located? Yes/No	Number of Budgeted FTEs FY 2025	Number of FTE Positions*
11-Edinburg	Kingsville	Yes	27.0	29.0
11-Edinburg	Laredo	Mixed	130.0	137.0
11-Edinburg	McAllen	No	105.0	110.0
11-Edinburg	Raymondville	Yes	4.0	5.0
11-Edinburg	Rio Grande City	Yes	14.0	15.0
11-Edinburg	Robstown	Yes	15.0	15.0
11-Edinburg	Sinton	Yes	23.0	25.0
11-Edinburg	Weslaco	Yes	37.0	38.0
Headquarters	Austin	No	1106.8	965.0
<b>Total</b>			<b>12,077.8</b>	<b>13,100</b>

Table 11 Exhibit 11 FTEs by Location

\*The number of FTE positions is higher than the number of budgeted positions to account for turnover and vacancy rates at DFPS; however, the number of filled positions does not exceed the number of budgeted positions.

\*\*This section reflects the budgeted FTEs appropriated to DFPS under HB 1, the General Appropriations Act.

### C. What are your agency's FTE caps for fiscal years 2023-27?

FY 2023: 12,775.5

FY 2024: 11,949.8

FY 2025: 12,066

FY 2026: 11,654.8

FY 2027: 11,525.3

Note: FY2023 & FY2024 FTE counts include PEI FTEs transitioned to HHSC effective FY2025.

**D. How many temporary or contract employees did your agency have in fiscal year 2024? If use of contractors is significant, please break out totals by program or department. Please provide a short summary of the purpose of each position type, amount of expenditures per position type, and procurement methods used.**

DFPS had 313 temporary or contract employees as of August 31, 2024. Below includes a summary of each position, the amount of expenditures per contract employee, and method of procurement.

**Texas Department of Family and Protective Services  
Exhibit 12: Temporary/Contract Employees – Fiscal Year 2024**

Position	Program	Number of Temporary Staff	Purpose/Work Performed	Amount Expended	Procurement Method
Program Specialist VII	Contract - Purchased Client Services (PCS)	1	Maintains database to support Child Specific Contracts and Child Watch Support Services Contracts.	\$138,396	Managed Term Contract
Retention Director VII	Deputy Commissioner of Operations	1	Provides direction and guidance in strategic operations and planning related to recruitment and retention.	\$154,183	Managed Term Contract
Financial Analyst IV	Information Resource Technology	1	Administers financial processes for ITBO office; reviews, analyzes, and evaluates financial data; prepares reports; and responds to inquiries.	\$47,959	Managed Term Contract
Contract Specialist V	Information Resource Technology	1	Develops IT solicitations, purchase orders, contracts, and amendments. Creates statements of work and requirements for goods and services, evaluates bidder information, and negotiates contracts terms.	\$31,063	Managed Term Contract
Training and Development Specialist V	Learning and Development	2	Leads projects, creates project plans, and designs documents, training materials, and reports.	\$47,017	Managed Term Contract

Position	Program	Number of Temporary Staff	Purpose/Work Performed	Amount Expended	Procurement Method
Human Services Technician IV	SWI Texas Youth Helpline	2	Assists with Texas Youth and Texas Parent Helplines by answering calls, texts, and chats.	\$124,930	Managed Term Contract
Program Specialist V	Prevention and Early Intervention*	3	Provides programmatic expertise through the review of grant applications related to childhood prevention services.	\$83,913	Managed Term Contract
Contract Specialist IV	Prevention and Early Intervention*	1	Assists Grants Contract Quality Assurance team with contract-related activities, such as executing new grant agreements, tracking required checks for each grant, and completing quality checks.	\$67,987	Managed Term Contract
Human Services Technician III (Interns part-time)	SWI Texas Youth Helpline	4	Answers the calls, texts, and chats that come into the Youth and Parent Helplines and provides local resources to those who needed them.	\$97,193	Managed Term Contract
CPS Specialist and Child Support temp staff	Associate Commissioner - CPS	57	Casework support coordinators work with DFPS caseworkers in providing supervision for children without placement and ensuring the children's needs are met.	\$2,207,465	Managed Term Contract
APS Specialist I (Intern part-time)	Associate Commissioner - APS	4	Entry-level APS work. Obtains information; investigates reports of alleged abuse, neglect, and exploitation of the elderly or adults with disabilities; and participates in corrective actions.	\$36,157	Managed Term Contract



Position	Program	Number of Temporary Staff	Purpose/Work Performed	Amount Expended	Procurement Method
IT Staff Augmentation Contractors (ITSAC)	Information Resource Technology, IT Capital Projects, and Learning and Development	236	Services for IT application development, maintenance and improvements to administrative systems, IMPACT, and Texas Adoption Resource Exchange (TARE) system upgrades, and other projects, such as expanding Interagency Central Registry, transitioning of PEI systems to HHSC, and other activities required to implement legislative initiatives.	\$32,983,375	DIR Contracts

Table 12 Exhibit 12 Temporary/Contract Employees

**E. List each of your agency's key programs or functions, along with expenditures and FTEs by program. See Exhibit 13 Example. (If you have already completed the "Agency Program Information" spreadsheet in advance, you do not need to replicate any duplicative information below.)**

**Texas Department of Family and Protective Services**  
**Exhibit 13: List of Program FTEs and Expenditures – Fiscal Years 2024 and 2025**

Division	Program	Actual FTEs FY24 YTD AVG as of Aug 21, 2024	Budgeted FTEs FY 2025	Actual Expenditures FY 2024	Budgeted Expenditures FY 2025
Commissioner	Commissioner	2.1	4.0	\$694,244	\$489,129
	Community-Based Care Operations	16.3	15.0	\$1,356,339	\$1,356,339
Chief of Staff	Chief of Staff	1.1	2.0	\$204,149	\$204,149
	Media Relations	10.0	10.8	\$897,018	\$1,191,726
	Stakeholder and Government Relations	10.5	6.0	\$1,497,708	\$707,980

Division	Program	Actual FTEs FY24 YTD AVG as of Aug 21, 2024	Budgeted FTEs FY 2025	Actual Expenditures FY 2024	Budgeted Expenditures FY 2025
Office of Strategic Operations	Office of Strategic Operations	-	11.0	\$-	\$ 805,692
	Creative Engagement Division	10.8	11.0	\$896,590	\$ 1,013,021
	Faith-Based and Community Engagement	59.6	63.5	\$4,067,108	\$4,421,602
Office of General Counsel		150.5	180.8	\$13,619,737	\$13,619,737
Office of Behavioral Health Strategy		4.1	5.0	\$581,064	\$583,313
Office of Internal Audit		10.6	11.0	\$1,023,999	\$1,023,999
Office of Community-Based Care Transition		19.1	22.0	\$1,988,591	\$2,518,473
Deputy Commissioner of Operations	Deputy Commissioner of Operations	2.8	7.0	\$986,526	\$1,313,075
	Management Consulting Group	7.1	8.0	\$729,206	\$615,337
	Strategic Initiatives Division	3.2	5.0	\$425,767	\$539,611

Division	Program	Actual FTEs FY24 YTD AVG as of Aug 21, 2024	Budgeted FTEs FY 2025	Actual Expenditures FY 2024	Budgeted Expenditures FY 2025
Assistant Deputy Commissioner of Operations	Assistant Deputy Commissioner of Operations	1.2	1.0	\$80,372	\$223,575
	Office of Data & System Improvement	91.6	112.5	\$9,798,709	\$9,976,061
	Information Resource Technology	235.7	252.2	\$47,327,114	\$54,530,869
	Office of Background and Search Services	52.2	50.0	\$6,306,044	\$6,306,044
	IT Capital Projects	-	-	\$71,346,546	\$70,093,358
	Information Security Office	15.8	20.0	\$5,219,584	\$5,654,959
	Heightened Monitoring Division	39.9	47.0	\$3,135,151	\$3,597,772
Chief Financial Officer	Chief Financial Officer	2.8	2.0	\$400,968	\$395,158
	Deputy Chief Financial Officer	0.8	1.0	\$ 152,264	\$ 161,561
	Budget	24.3	30.0	\$ 2,430,719	\$3,242,934
	Accounting	81.9	95.9	\$ 5,736,769	\$6,359,714
	Federal Funds	14.4	21.5	\$ 1,441,983	\$1,690,649
	Texas Child-Centered Care (T3C)	4.7	7.0	\$2,290,676	\$2,253,908
	Agency Shared	-	6.1	\$221,137,530	\$213,757,638

Division	Program	Actual FTEs FY24 YTD AVG as of Aug 21, 2024	Budgeted FTEs FY 2025	Actual Expenditures FY 2024	Budgeted Expenditures FY 2025
Chief Operating Officer	Chief Operating Officer	6.0	7.0	\$710,574	\$710,574
	Contract Oversight and Support	13.9	16.5	\$1,277,217	\$1,387,966
	Contract - Purchased Client Services (PCS)	123.7	137.5	\$7,841,511	\$8,173,343
	Learning and Development	142.7	145.5	\$12,059,060	\$14,531,181
	Records Management	147.9	154.0	\$17,429,316	\$17,952,301
	Operations Support Services	57.2	59.8	\$3,624,185	\$3,817,917
	Talent Acquisition Group	49.2	48.0	\$3,650,790	\$4,411,425
	Workforce Development Division	37.4	40.0	\$3,436,466	\$3,486,497
Consumer Affairs and Accountability	Office of Appeals	16.9	18.0	\$1,247,163	\$1,019,513
	Office of Consumer Affairs	18.4	19.0	\$1,592,584	\$1,539,778
Deputy Commissioner of Programs	Deputy Commissioner of Programs	5.5	5.0	\$648,966	\$449,807
	Office of Child Safety	67.2	71.0	\$4,978,243	\$5,320,539
	Foster Care Litigation Compliance	18.9	24.0	\$15,384,287	\$15,875,419

Division	Program	Actual FTEs FY24 YTD AVG as of Aug 21, 2024	Budgeted FTEs FY 2025	Actual Expenditures FY 2024	Budgeted Expenditures FY 2025
Associate Commissioner SWI	SWI Direct Delivery	420.5	454.1	\$25,720,708	\$26,065,143
	SWI Program Support & Training	56.7	63.0	\$2,918,433	\$2,965,505
	SWI Texas Youth Helpline	9.5	10.5	\$1,194,376	\$1,104,418
Associate Commissioner – CPI		4,150.4	4,327.6	\$283,701,780	\$285,529,390
Associate Commissioner – CPS		4,706.20	4,584.20	\$1,514,487,626	\$1,529,058,954
Associate Commissioner – APS		810.0	884.9	\$70,760,285	\$72,987,267
Prevention and Early Intervention*		76.6	-	\$169,408,392	\$-
<b>Total</b>		<b>11,807.8</b>	<b>12,077.8</b>	<b>\$2,547,844,437</b>	<b>\$2,405,034,319</b>

Table 13 Exhibit 13 List of Program FTEs and Expenditures

\*Prevention programs appropriations transferred to HHSC effective FY 2025.

## Guide to Agency Programs

Please fill out the information below for each agency division, program, activity, or service as appropriate. (If you have already completed the “Agency Program Information” spreadsheet in advance, you do not need to replicate any duplicative information below.) Copy and paste questions A through M as many times as needed to discuss each division or program. If there is overlap in the information provided across various agency divisions or programs, please reference the relevant page/section rather than repeating the information. Contact Sunset staff with any questions about completing this section for your agency.

### VII. Guide to Agency Divisions and Programs – Statewide Intake

#### A. Provide the following information at the beginning of each description.

**Name of division or program:** Statewide Intake (SWI)

**Location within the agency:** Deputy Commissioner of Programs

**Contact name:** Stephen Black – Associate Commissioner

**Statutory citation:** Chapters 40, 42, and 48, Human Resources Code; Chapter 261, Family Code

#### B. What is the objective of this division or program? Describe its major activities.

The SWI program serves as the first point of contact for reports of abuse, neglect, and exploitation of Texas’s most vulnerable populations. SWI assesses all reports to ensure all essential information has been received and verifies that reports meet the legal definition for DFPS intervention. Once established, SWI routes reports to the appropriate program or division.

The SWI program performs the following major activities:

- Receives, assesses, and routes reports of abuse, neglect, and exploitation for CPI, APS, RCCI, DCI, and PI.
- Screens qualifying reports to determine the appropriate level of DFPS involvement.
- Provides resource information when DFPS is not the correct reporting agency.
- Documents information received into the agency’s case management system.
- Operates the Texas Youth and Parent Helplines, providing crisis support to youth, parents, or other family members in need.

**C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.**

LBB and internal measures provided in the “Agency Program Information” spreadsheet, data source, and methodology listed below.

Measures of Effectiveness	Data Source	Methodology
<b>LBB</b>		
1.1 OC 1 – Avg. Hold Time: SWI (English)*	SWI Phone System Avaya (HHSC Telcom Enterprise Solution) IMPACT	Divide total time on hold for English queue calls handled by SWI staff or abandoned by the number of English queue calls.
1.1.1 OP 1 - # Statewide Intake Contacts	IMPACT	Contacts are defined as any entry in IMPACT made as a result of a phone call, internet report/ e-report, fax, or regular piece of mail received by SWI staff. Multiple contacts may originate from a single phone call, email, fax, or mail. Total contacts will equal all information and referrals, special requests and contacts related to abuse, neglect, or exploitation minus the total number of calls marked for deletion.
1.1.1 OP 2 - # CPS Child Abuse/Neglect Reports*	IMPACT	Number of child abuse/neglect intakes received by SWI and entered into IMPACT.
1.1.1 OP 3 - # APS Abuse/Neglect/Exploit Reports*	IMPACT	Abuse/neglect intakes recorded in IMPACT by SWI for adults age 65 and older or an adult age 64 or under with a disability.
1.1.1 OP 4 - # Child Care Abuse/Neglect Reports	IMPACT	Abuse/neglect intakes recorded in IMPACT by SWI for allegations of child abuse or neglect in a day care or residential child care facility assigned for assessment or investigation during the reporting period using the date the intake stage was closed.

Measures of Effectiveness	Data Source	Methodology
1.1.1 EF 1 - SWI Specialist Reports per Hour*	IMPACT	Average number of reports worked by each specialist per hour. Includes all contacts: phone calls, emails, text, etc.
<b>Internal</b>		
English Queue Calls - Abandoned	SWI Phone System Avaya (HHSC Telcom Enterprise Solution)	Total count for fiscal year. An abandoned call is a call that disconnects after completing navigation of the recorded message but prior to being answered by an intake specialist.
English Queue Calls - Handled	SWI Phone System Avaya (HHSC Telcom Enterprise Solution)	Total count for fiscal year. All calls answered by an intake specialist after completing navigation of the recorded message. Call may have held for a period of time before being answered.
Number of E-Reports	IMPACT	The number of online reports submitted by the public through the DFPS online reporting site.
Average Number of Calls Handled Per Hour	SWI Phone System Avaya (HHSC Telcom Enterprise Solution)  IMPACT	The calculation for Call per Hour is (# of calls X 3,600) / total time in seconds. (SWI_02)
Average Number of E-reports Handled Per Hour (EPH)	IMPACT	The calculation for EPH is (# E-reports completed X 3,600) / total time in seconds. Total Time: Time signed out to the E-reports auxiliary code. (SWI_10 & SWI_02)



Measures of Effectiveness	Data Source	Methodology
Intake Specialist Turnover Rate	IMPACT, CAPPS	Numerator: The number of terminations (retirements, resignations, firings). Denominator: The average number of quarterly employees (average of each quarter's count of employees who worked at least one day in the quarter).
Screeners Turnover Rate	IMPACT, CAPPS	Numerator: The number of terminations (retirements, resignations, firings). Denominator: The average number of quarterly employees (average of each quarter's count of employees who worked at least one day in the quarter).

\* Key LBB measures

DFPS measures SWI program effectiveness in a variety of ways. Statistics include measures of quality as well as the average number of calls handled per hour, total number of calls handled, and time signed out to various auxiliary codes including breaks, email, training, technical problems, and unit meetings. Intake specialists are evaluated based on qualitative and quantitative essential job functions.

### Qualitative Essential Job Functions

SWI uses a qualitative measurement tool to evaluate the performance of intake supervisors and specialists. Three distinct evaluation forms – the Basic Skills Development (BSD) Form, Intake Form, and Staffing Form – were developed to assess the core competencies required of intake staff, as outlined in the SWI Policy and Procedures Handbook. These tools evaluate key functions such as interviewing, documentation, assessment, processing, and customer service. Each form is tailored to assess performance specific to the role and context.

- BSD Forms are used to evaluate new SWI specialists during BSD training. They assess interviewing, documenting, assessing, processing, customer service, and an expanded focus on staffing quality.
- Intake Forms evaluate tenured specialists in task areas of interviewing, documenting, staffing, assessing, processing, and customer service.
- Staffing Forms evaluate supervisory performance during staff meetings with specialists to discuss client cases, assessing customer service, assessment, coaching, and documentation of processing.

Evaluation results are compiled and reported through the swi\_14 report in the Data Warehouse. Performance is rated by calculating average scores across task areas. Task areas in interviewing, documentation, and assessment that score below 90 percent of the average receive a “Does Not Meet” rating. For processing and customer service, a “Does Not Meet” rating is applied when scores fall below 95 percent. To ensure scoring accuracy and maintain program integrity, regular calibration exercises are conducted on evaluation ratings.

### **Quantitative Essential Job Function (Call Productivity/Efficiency)**

Intake specialists are evaluated on their call-handling efficiency using the Calls Per Hour (CPH) metric, which is tracked beginning the first full month after the specialist completes BSD. CPH is calculated using data from the swi\_02 report in the Data Warehouse, using the formula:  $CPH = (\text{Number of Calls} \times 3,600) \div \text{Total Time in Seconds}$ .

- **Calls:** Refers to the number of reports completed in Information Management Protecting Adults and Children in Texas (IMPACT) because of phone calls. IMPACT is the agency’s case management system used to record case information about the children and adults the agency protects. If a single phone call results in multiple reports (e.g., two separate intakes), each report counts as one call in the CPH calculation.
- **Total Time:** Represents the sum of Talk Time and Call Work Time.
  - » **Talk Time:** The time the intake specialist spends actively speaking with a reporter, including any time the reporter is placed on hold.
  - » **Call Work Time:** The time an intake specialist is signed into an auxiliary code to complete documentation after the call. This includes the following softphone statuses:
    - **After Call Work:** Automatically applied for one minute after disconnecting a call if no other auxiliary code is selected. Intake specialists do not manually select this status.
    - **Call Work:** Used when documenting a report from an English-language phone call.
    - **Default Login:** This is the default softphone status upon login. It is not manually selected for documentation purposes.
    - **Spanish Call Work:** Used when documenting reports from non-English phone calls, whether translated directly by the intake specialist or with interpreter support.

Intake specialists’ quantitative essential job functions are evaluated differently based on tenure at the time of the performance evaluation. The different evaluation standards are shown in the table below:

Available data at time of evaluation	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Less than 18 months	Reaches 1.75 or higher CPH and then maintains at least a cumulative 1.75 CPH over the remaining months of the evaluation period.	Demonstrates progress toward reaching 1.75 CPH, or reaches 1.75 CPH but does not consistently maintain it.	Does not demonstrate progress toward reaching 1.75 CPH.
18 to 20 months	Reaches 1.95 or higher CPH and then maintains at least a cumulative 1.95 CPH over the remaining months of the evaluation period.	Reaches 1.75 or higher CPH then maintains a cumulative average between 1.75 and 1.94 CPH over the remaining months of the evaluation period.	Does not reach a 1.75 CPH or did not maintain a 1.75 cumulative average over the remaining months of the evaluation period once reached.
*21 to 23 months	3-month cumulative average is 1.95 or higher CPH.	3-month cumulative average is 1.75 - 1.94 CPH.	3-month cumulative average does not attain a 1.75 CPH.
*24 to 26 months	6-month cumulative average is 1.95 or higher CPH.	6-month cumulative average is 1.75 - 1.94 CPH.	6-month cumulative average does not attain a 1.75 CPH.
*27 to 29 months	9-month cumulative average is 1.95 or higher CPH.	9-month cumulative average is 1.75 - 1.94 CPH.	9-month cumulative average does not attain a 1.75 CPH.
*30 or more months	12-month cumulative average is 1.95 or higher CPH.	12-month cumulative average is 1.75 - 1.94 CPH.	12-month cumulative average does not attain a 1.75 CPH.

*\*Performance evaluations conducted through the Centralized Accounting and Payroll/Personnel System (CAPPS) only include data collected since the completion of the prior evaluation. To maintain the integrity of each rating, cumulative averages used to assess performance must not overlap with data from a previous evaluation period. When potential overlap exists, only data from the relevant months within the current evaluation period is included in the calculation.*

The LBB has set the measure for SWI performance on the English queue at an annual average hold time of 7.4 minutes (+/- 5 percent).

Total Calls Received			
FY	Hold Time (in minutes) *	Number of Total Contacts**	Percent Change in Total Contacts (From Prior FY)
2020	4.6	736,777	-4.6%***
2021	5.2	773,919	5.0%
2022	7.3	806,434	4.2%
2023	8.0	814,091	1.0%
2024	6.2	796,106	-2.2%

\*Phone calls – English queue only.

\*\* Includes all contacts (phone, internet, fax, mail, and walk-in).

\*\*\* FY 2020 data significantly impacted by COVID-19, resulting in historic lows.

**D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.**

## 2016

The Online IMPACT Modernization Phase 1 project is completed for the SWI Application, and updates are made to the internet reporting website. The new SWI Application reduces the time required to perform intake activities, streamlines business processes, automates manual processes, and increases data accuracy.

## 2019

Texas Youth Hotline changes its name to Texas Youth Helpline to reflect growing emphasis on supporting families.

## 2020

To increase consistency in screener practices, CPI and RCCI screeners are moved from CPI and RCCI program to SWI.

## 2022

SWI creates the Parent Helpline to enhance prevention services by offering crisis assistance and resource referrals to parents of preadolescent children. The Parent Helpline is separate from the Texas Youth Helpline; however, both helplines are manned by the same staff members and volunteers.

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## 2023

HB 63 passes, which prohibits DFPS from accepting anonymous reports of child abuse and neglect. This prohibition applies to reports within CPI jurisdiction, including school reports.

HB 4696 clarifies definitions of Department and Commission to ensure that investigative authority of abuse, neglect, and exploitation is accurately assigned in Chapter 48, Human Resources Code, and Chapter 261, Family Code. It directs the public to report abuse, neglect, and exploitation by a Health and Community Services, Texas Home Living, Intermediate Care Facility (including a state supported living center), or Home and Community Support Services Agency provider to HHSC rather than DFPS.

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## 2025

Rider 44 allocates funding for SWI to launch the Texas Baby Moses Hotline and implement a public awareness campaign to ensure that women of childbearing age in this state have access to information regarding the Safe Haven Law and related public and private resources.

### **E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.**

Under Chapter 261 of the Texas Family Code, any individual who suspects that a child has been abused or neglected is legally required to report the suspicion to DFPS. Similarly, Chapter 48 of the Texas Human Resources Code mandates that any person who has reasonable cause to believe that abuse, neglect, or exploitation is occurring must report it to DFPS. This includes concerns involving children, adults aged 65 and older, adults with substantial impairments, and individuals receiving services from a provider.

The reporting requirement applies universally, including to individuals whose professional communications are otherwise considered privileged. This includes, but is not limited to, attorneys, clergy, medical professionals, social workers, mental health professionals, and employees of clinics or health care facilities that provide reproductive services. In accordance with statute, professionals are required to report suspected abuse or neglect of a child within 24 hours of becoming aware of the concern.

As of September 1, 2023, the SWI division is no longer authorized to accept anonymous reports of child abuse or neglect that fall under CPI jurisdiction. This includes reports involving individuals traditionally responsible for a child's care, custody, or welfare, such as school personnel or volunteers. However, anonymous reports may still be submitted to a local or state law enforcement agency, which may then refer the report to SWI for further review.

The following table summarizes the source of all reports received across DFPS investigative divisions – including CPI, APS, DCI, RCCI, and PI – during FY 2024.

FY 2024 Reporting Source		
Total (FY 2024) – Source of Report	Number	Percent of Total
Medical Personnel	89,691	20.8%
Law Enforcement	69,083	16.0%
School	68,417	15.9%
Relative	39,786	9.2%
Community Agency	31,677	7.4%
Other	30,688	7.1%
Parent	23,698	5.5%
Friend-Neighbor	15,865	3.7%
Victim	15,593	3.6%
DFPS Staff	7,684	1.8%
Financial Institution	7,033	1.6%
Provider	6,422	1.5%
Blank/Unknown	5,751	1.3%
Legal/Court	5,054	1.2%
Institutional Personnel	3,115	0.7%
State Agency	2,796	0.6%
Day Care Provider	2,513	0.6%
Anonymous*	2,202	0.5%
Unrelated Home Member	1,090	0.3%
Parent's Paramour	1,009	0.2%
Religious Entity	827	0.2%

FY 2024 Reporting Source		
Total (FY 2024) – Source of Report	Number	Percent of Total
24-Hour Care Provider	592	0.1%
Fictive Kin	348	0.1%
<b>TOTAL</b>	<b>430,934</b>	<b>100.0%</b>

*\*Not all reports are assigned for investigation*

**F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.**

SWI is administered through three major functional areas: The Texas Abuse Hotline, Texas Youth and Parent Helplines, and SWI Program and Support Services.

### **Texas Abuse Hotline**

The Texas Abuse Hotline operates 24 hours a day, seven days a week, 365 days a year, and receives reports of abuse, neglect, exploitation, and violations of minimum care standards via three separate intake queues – phone, internet, and mail/fax. Regardless of reporting method, all reports are assessed by SWI intake specialists.

SWI intake specialists serve as the frontline responders for the Texas Abuse Hotline. These specialists are responsible for reviewing reports submitted, ensuring each is evaluated promptly and accurately in accordance with statutory requirements and agency policy.

Key responsibilities of SWI intake specialists include:

- Gathering critical case information to identify and locate alleged victims, perpetrators, household members, and collateral contacts.
- Entering information into IMPACT, the agency's case management system, to support ongoing case tracking and response coordination.
- Applying professional judgment to assess whether a report meets the legal definitions of abuse, neglect, or exploitation.
- Assigning response priorities to accepted reports, based on the urgency and risk presented.

Following the assessment of the allegations, specialists assign a response priority to the intake, which determines the urgency in initiating the investigation. Response priorities include the following:

### ***CPI, DCI, and RCCI:***

- Priority 1 (P1) - There is an immediate threat to the victim's safety or there is an immediate risk of abuse or neglect that could result in death or serious harm. This response requires contact with the victim(s) to be made within 24 hours of receipt of the report.
- Priority 2 (P2) - The report does not meet criteria for a P1 and has been accepted for investigation. This response requires contact with the victim(s) to be made within 72 hours of receipt of the report.
- Priority None (PN) - A PN priority may be assigned if the report lacks the information to locate or falls within the jurisdiction of another agency or DFPS program, the incident was addressed in a previous report, or the incident does not appear to involve abuse, neglect, or risk. (CPI only)

### ***APS:***

- Priority 1 (P1) - A client is in a state of serious harm or is in danger of death from abuse or neglect. This may include situations where the client is currently hospitalized. APS specialist makes, or attempts to make, face-to-face contact with the client within 24 hours of DFPS's receipt of the report.
- Priority 2 (P2) - A client is at risk of serious harm from abuse, neglect, or exploitation. APS specialist makes, or attempts to make, face-to-face contact with the client within three calendar days of DFPS's receipt of the report.
- Priority 3 (P3) - A client is in a state of abuse or neglect that does not meet the severity of a P1 or P2. APS specialist makes, or attempts to make, face-to-face contact with the client within seven calendar days of DFPS's receipt of the report.
- Priority 4 (P4) - Exploitation is the only allegation, and the client is not in danger of deprivation of basic needs or imminent impoverishment. APS specialist makes, or attempts to make, face-to-face contact with the client within 14 calendar days of DFPS's receipt of the report.

### ***Provider Investigations (Conducted by HHSC):***

- Priority 1 (P1) - The victim is subjected to maltreatment by an act or failure to act that causes, or may have caused, serious physical or emotional harm.
- Priority 2 (P2) - The victim is subjected to maltreatment by act or failure to act that causes, or may have caused, non-serious physical injury or emotional harm.
- Priority 3 (P3) - Assessed when either of the following applies:
  - » The intake would otherwise be a P1 or P2, but the alleged incident occurred more than 30 days before the date of the report, there is currently no known or perceived risk, and the client is not a child.
  - » The only allegation is exploitation, and the client is not a child.

**Information and Referral (I&R)** – The report does not meet statutory definitions of abuse, neglect, or exploitation. The SWI specialist may forward the I&R to another agency for review or close the I&R.

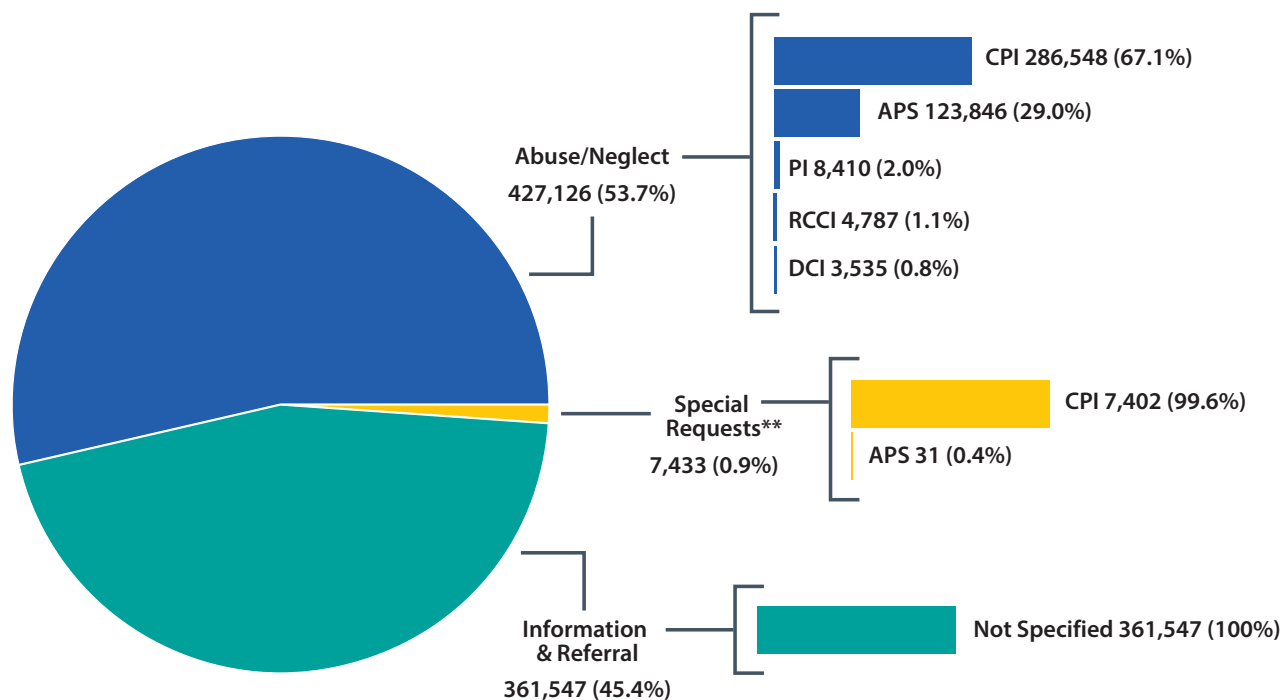


SWI intake specialists process and route reports (referred to as intakes) for the following five programs:

- APS: Abuse, neglect, or exploitation of a person aged 65 or older, an adult with a substantial impairment, or an emancipated minor with a substantial impairment.
- CPI: Abuse or neglect of children by a person responsible for a child's care, custody, or welfare, including family-based investigations and school investigations.
- RCCI: Abuse or neglect of children in a residential child care operation regulated by HHSC Residential Child Care Regulations (RCCR). This includes the following types of residential child care operations:
  - » General residential operations - Facilities that provide care for seven or more children and may include emergency shelters, residential treatment centers, or transitional living programs.
  - » Child placing agencies (CPA) - Agencies that are licensed to place children in foster or adoptive homes and provide oversight and support services.
  - » CPA foster homes - Foster family homes verified by a licensed CPA to provide substitute care for children in DFPS conservatorship.
  - » CPA adoptive homes - Homes approved by a CPA for the adoption of children from the child welfare system.
- DCI: Abuse or neglect of children in a day care operation regulated by HHSC Day Care Regulation (DCR).
- Provider Investigations (PI): Investigations alleging the abuse, neglect, or exploitation of adults and children who receive services from certain state-regulated providers. These investigations are authorized under Texas Human Resources Code §48.251(a)(9) and Texas Family Code §261.404(a). PI jurisdiction includes facilities and programs operated, licensed, certified, or contracted by the HHSC, such as state supported living centers, state hospitals, and community-based providers serving individuals with intellectual and developmental disabilities, mental illness, or substance use disorders. These investigations are conducted by HHSC.

## Reports Entered by Program FY 2024

Total Number of  
Reports Received: 796,106



\*A single call, E-Report, fax, or other source may generate multiple reports in the system.

\*\*A Case Related Special Request is a request for help that does not allege abuse, neglect, or exploitation but does require some casework.

In addition to screening for abuse, neglect, or exploitation for RCCI and DCI, SWI also evaluates reports for potential violations of minimum standards established by HHSC's RCCR and DCR programs. If the information received does not meet the statutory definitions of abuse, neglect, or exploitation, but suggests a potential regulatory concern, SWI forwards the report as an Information and Referral (I&R) to RCCR or DCR for further review.

Similarly, for reports involving PI, when the information does not rise to the legal threshold for abuse, neglect, or exploitation, SWI may assess the issue as a potential client rights or facility-level administrative concern and refer it accordingly as an I&R.

CPI reports involving a victim age six or older with a P2 response priority that meet certain parameters, and all RCCI reports aside from after-hours P1 intakes, are progressed from SWI intake specialists to SWI screeners. SWI screeners complete a comprehensive review of reported information and gather additional detailed information necessary to determine whether further DFPS intervention is warranted. When appropriate, community resources may be identified and provided to assist the family.

#### SWI CPI screeners:

- Review eligible CPI reports to assess for progression to Alternative Response, investigation, or closure.
- May contact the reporter or collateral contacts to clarify and research information related to the intake.
- Share appropriate resource information when necessary.

In FY 2024, CPI had 106,573 P2 and PN reports that were assigned to SWI screeners. Of the 106,573 screened, 37,772 (35 percent) were assigned as an Alternative Response, and 24,579 (23 percent) were assigned as traditional investigations. The remaining 44,222 (42 percent) were screened out and not assigned for investigation.

#### SWI RCCI Screeners:

- Review all RCCI reports received Monday through Friday during business hours, and all weekend and after hours P2 reports to assess for progression.
- Contact the reporter and the child's conservatorship (CVS) or SSCC caseworker to clarify and research information related to the report.
- Contact other collateral sources, when necessary; and
- Review the allegations and priority response assigned by the SWI specialist.

In FY 2024, RCCI had 4,106 P1 and P2 reports that were assigned to SWI screeners. Of the 4,106 screened, 3,930 (95 percent) were assigned for investigation.

To increase consistency in screening practices, CPI and RCCI screeners were moved from their respective programs to SWI in 2020. This process is instrumental in optimizing resource allocation by ensuring only reports that necessitate additional field intervention are forwarded for further action, promoting efficiency in safeguarding child welfare and enhancing the overall operation effectiveness of DFPS.

### Report Intake Methods

SWI receives reports of suspected abuse, neglect, or exploitation through four primary methods: telephone, internet (E-reports), fax, and mail. All reports, regardless of submission method, are assessed by SWI specialists to determine whether the information meets the statutory definitions of abuse, neglect, or exploitation. If the information does not meet these criteria but indicates regulatory or administrative concerns, the report is forwarded as an Information and Referral (I&R) to the appropriate oversight entity.

#### Telephone

Telephone is the most commonly used method for reporting to SWI. In FY 2024, 73 percent of reports (587,091 contacts) were received by phone. All hotline calls are routed through an Automatic Call Distributor (ACD), which provides recorded information and language options and then directs the call to the next available intake specialist. Calls are held in queue until answered or disconnected by the caller. No calls receive a busy signal.

### *Language Access and Accessibility*

- English Language Queue: The majority of calls are answered in the order received by English-speaking intake specialists.
- Spanish Language Queue: Staffed by bilingual specialists who may also answer English calls when the Spanish queue is empty. If no bilingual specialist is available, the caller is routed to the next available intake specialist with interpreter services used as needed.
- Other Languages: Language interpretation services are available on demand for callers who speak a language other than English or Spanish.
- Relay Services: SWI accommodates callers who are deaf, hard of hearing, or have speech disabilities by using:
  - Video Relay Services (VRS): Enables sign language users to communicate via interpreter.
  - TTY (Teletypewriter): Facilitates communication through a relay operator typing and voicing messages.

### *Dedicated Toll-Free Lines*

In addition to the primary abuse and neglect hotline, SWI maintains specialized, toll-free numbers to prioritize or streamline reporting from specific partners:

- Law enforcement: Not available to the public; calls receive prioritized routing in the hotline queue.
- HHSC PI: A designated phone number for HHSC PI. This number is used by people who work for, contract with, live at, or participate in one or more of programs providing services to clients with mental illness, intellectual disability, or a pervasive developmental disorder. Calls to this queue are answered in the order they are received.
- National Trafficking Hotline: National Trafficking Hotline staff are provided a hidden prompt within the ACD. This prompt is hidden in the recorded information section of the ACD and is not provided to the public. When the prompt is selected, calls are prioritized.
- Foster Care Ombudsman: When a child in foster care contacts the Foster Care Ombudsman and needs to report abuse, neglect, or exploitation, Ombudsman staff are provided a hidden prompt within the ACD. This prompt is hidden in the recorded information section of the ACD and is not provided to the public. When the prompt is selected, calls are prioritized.
- Administrative Line: Answered by SWI support staff. Used by DFPS field staff for:
  - » Receiving information about a report.
  - » Getting clarification about a report.
  - » Requesting a reentry.
  - » Requesting help with an on-call schedule.
  - » Notifying SWI of changes to the on-call schedule.
  - » Notifying SWI that a report was routed incorrectly.
  - » Requesting to speak with a supervisor.
  - » Discussing issues that require immediate attention.

Except for the administrative line, all dedicated lines are staffed by SWI specialists. All calls to the hotline are recorded and retained for a minimum of one year, per state law. Recordings are available to staff with a business need and may be used for training or quality assurance.

### **Internet (E-reports)**

Reports of abuse, neglect, or exploitation may be submitted to SWI through a secure online portal. The online reporting method, known as E-reports, is intended for non-urgent concerns and is available to the public, including professionals. In FY 2024, approximately 23 percent of all reports (178,627) were submitted via E-report. All SWI specialists are trained to process E-reports, which are reviewed in the same system and assigned the same priority levels as telephone reports.

E-reports are structured into three core sections for reporters to complete:

- **People Involved** – Collects information on all individuals connected to the incident, including alleged victims, perpetrators, household members, and collateral contacts. Reporters are encouraged to include identifying details such as names, approximate ages or birthdates, Social Security numbers, contact information, language preference, special needs, race, and ethnicity, if known.
- **What Happened** – Captures a narrative of the incident and allegations prompting the concern.
- **Safety Concerns** – Asks about domestic violence, substance use, environmental hazards, and other risk factors.

After completing the form, reporters may review and edit their submission before finalizing. Reporters who create accounts can view previously submitted reports. As with telephone reports, SWI evaluates each E-report to determine the appropriate response pathway – whether it meets statutory definitions of abuse, neglect, or exploitation, or should be routed as an information and referral for regulatory or administrative follow-up.

### *E-unit (Electronic Unit) Specialists*

A select group of SWI intake specialists, referred to as E-unit specialists, are responsible for managing the majority of intake reports submitted electronically (E-reports). These specialists also provide targeted technical intake support, including:

- Processing all internet-submitted reports.
- Completing reentry requests for field staff when a report must be reproduced due to technical errors or other intake issues.
- Handling all out-of-state requests for IMPACT case history searches.
- Performing Department of Public Safety criminal history checks on behalf of CPI or CPS staff in rare instances when those staff cannot access the information.

E-unit specialists are part of the SWI intake team and play a key role in ensuring report accuracy, efficient intake processing, and inter-jurisdictional coordination.

## Mail or Fax queue

Although used less frequently, SWI also receives reports and documentation by mail or fax. In FY 2024, 26,501 contacts (3 percent of total reports) were submitted through these channels. SWI maintains a dedicated fax line and reviews all submissions upon receipt.

The fax/mail queue typically includes:

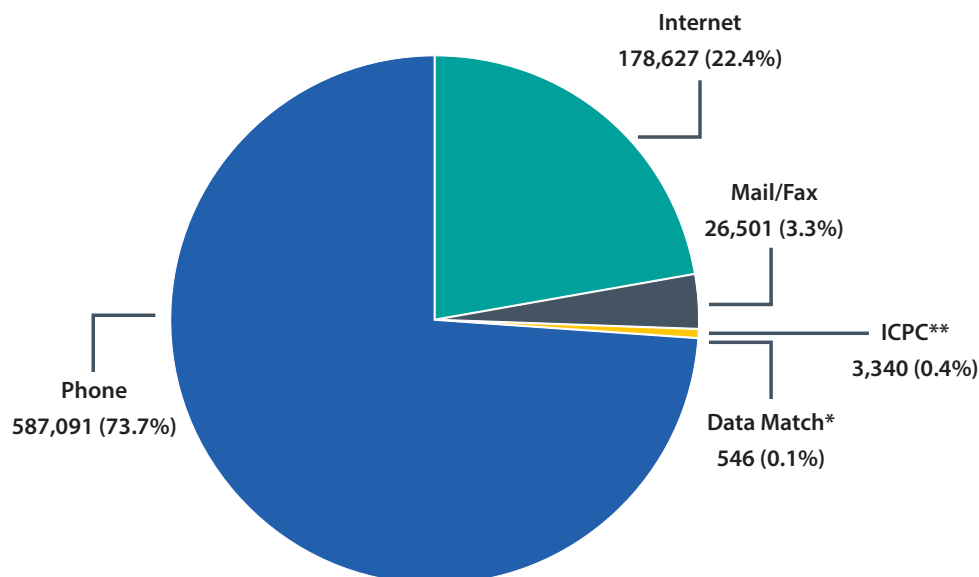
- Written reports submitted by members of the public.
- Reports from other Texas state agencies.
- Reports from law enforcement and out-of-state child welfare agencies.
- Protective orders or protective service alerts.
- Correspondence from financial institutions or elder abuse hotlines regarding suspected exploitation.
- Supplemental information related to an open case.

As with other methods, SWI evaluates each mail or fax submission to determine the appropriate response – whether it meets statutory thresholds for investigation or should be referred for regulatory or administrative follow-up.

Across all intake methods, SWI serves as the centralized entry point for the state’s abuse, neglect, and exploitation reporting system. Regardless of how a report is received – by phone, internet, fax, or mail – SWI specialists are trained to evaluate each submission promptly and consistently. This ensures that all concerns are appropriately screened, prioritized, and routed to the correct investigative or regulatory body in accordance with statutory requirements and agency policy.

*Please reference Attachments 33 and 34.*

## Method of Contact FY 2024



\*DFPS previously conducted a “birth match” with the Department of State Health Services to compare agency records with vital statistics data and identify parents with prior DFPS involvement. This interagency process is no longer in use as of FY 2025.

\*\* The Interstate Compact on the Placement of Children (ICPC) is a nationwide agreement that ensures children placed across state lines receive consistent protections, services, and supports. Within DFPS, CPS staff initiate ICPC intakes to maintain oversight and permanency planning for these placements, regardless of state boundaries.

\*\*\* A single call, E-Report, fax, or other source may generate multiple reports in the system.

## Reporters

Under Texas Family Code §261.101 and Texas Human Resources Code §48.051, any person who has reasonable cause to believe that abuse, neglect, or exploitation has occurred is required to report it immediately to DFPS.

Professional reporters are individuals who are licensed or certified by the state, or who work for a facility licensed, certified, or operated by the state, and have direct contact with children in the normal course of their duties. These individuals must file a report no later than 24 hours after learning of the suspected abuse, neglect, or exploitation.

Examples of professional reporters include:

- Medical personnel
- Facility staff
- Social workers
- School personnel
- Law enforcement officers
- Mental health professionals
- Officers of the court
- Day care providers

Medical personnel, law enforcement, and school personnel are the primary sources of abuse, neglect, or exploitation reports received by SWI.

To support compliance and awareness, DFPS Faith-Based and Community Engagement (FBCE) staff provide training for mandatory reporters across the state. These in-person and virtual sessions cover the legal definitions of abuse and neglect, common indicators, appropriate prevention referral options, and detailed instructions for submitting reports by phone or online. Additionally, DFPS offers online mandatory reporting training that is used by many school districts across the state to meet mandatory reporter training requirements.

## **Texas Youth and Parent Helplines**

SWI operates the Texas Youth and Parent Helplines, offering call, text, or live chat options. Call and texting options are accessed through the helpline number, while the live chat option is accessed through the DFPS website. These helplines provide free and confidential services to youth, their parents, and other family members of youth in crisis. The helplines assist with finding counseling services, safe shelter, additional information, or an empathetic ear.

When a youth or parent contacts the helpline, staff and volunteers evaluate the crisis, identify the underlying problem, mobilize resources, and assist in developing a sensible plan of action. Helpline staff and volunteers are not counselors and do not provide counseling services; rather, they are advocates for the best interest of the person in need, who can share counseling resources when needed. Helpline services are free and confidential. The user is not required to share their name or address. The helpline is not a reporting hotline and is not associated with law enforcement or CPS.

The Texas Youth Helpline offers a free message service for runaway youth and their families. This service allows runaways to communicate with their parents or guardians if they don't want to speak with them directly. Additionally, helpline staff and volunteers can put youth in contact with "Operation Home Free," a free transportation service to get youth back home to their parent or guardian if they've run away.

The Texas Parent Helpline assists in brainstorming next steps and helps provide understanding about laws and running away or how to find low cost or free services. Parents and guardians can access information about reporting their child missing and receive access to information on the National Crime Information Center (NCIC).

The Texas Youth and Parent Helplines provide information and additional resources for:

- Texas Abuse Hotline
- National Suicide Prevention Lifeline
- National Sexual Assault Hotline
- National Human Trafficking Hotline
- Adoption Services
- Mental Health Texas
- One Pill Kills



## SWI Program Operations and Support Services

The SWI management team includes the SWI Associate Commissioner, Director of Intake, Director of Policy and Performance Management, Director of Operations, IT Liaison/Business Analyst, five intake program administrators, and one screener program administrator. The Youth and Parent Helpline is managed by a program supervisor.

### SWI Intake Supervisor

- Manages units of between nine and 12 intake specialists.
- Reviews reports of intake specialist auxiliary, such as time spent in auxiliary codes (call work, break, lunch, etc.).
- Provides feedback to staff regarding his or her performance for each report or call reviewed. Each intake supervisor is required to review a percentage of reports completed and monitor calls for quality assurance.
- Consults with intake staff regarding assessments.
- Conducts monthly unit meetings.
- Provides ongoing training and policy updates to intake specialists.

SWI administrative support consists of three areas: Support, Workforce Management (WFM), and General Computer Services (GCS).

SWI Support staff complete many tasks required to manage SWI's workload, including the following:

- Answer the administrative and switchboard lines.
- Manage mail and faxes received by SWI.
- Perform after-hours and holiday calls to field staff for time-sensitive and high-priority reports.
- Check and resolve workload issues to ensure reports were appropriately completed and notify supervisors when a supervisor's involvement is required.
- Provide additional administrative support services, including research to help intake specialists gather accurate locating information for use in their reports.

SWI floor managers, known internally as WFM, complete the following tasks:

- Observe intake specialist auxiliary codes, such as call work, break, or lunch.
- Notify intake specialists via instant messaging when they have exceeded auxiliary code thresholds.
- Use call center forecasting software, daily absenteeism reports, and other pertinent and critical information to forecast the number of staff needed to handle the call volume in 15-minute intervals.
- Schedule adequate phone coverage to meet changing demands, based on call volume.
- Balance workloads to strive for and achieve standards set by the Legislature.
- Interpret data to report past actions taken and determine present and future actions to aid in effective workload management.
- Manage internal position control activities.

Technical support staff, known internally as GCS, support SWI staff by completing the following tasks:

- Provide computer support and troubleshooting for both immediate and non-urgent or routine hardware and software concerns.
- Coordinate with DFPS Information Technology Services (ITS) when necessary regarding problem resolution and upgrades to hardware and software.

**G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). (If you have already submitted funding source info through the “Agency Program Information” spreadsheet, please limit your response to funding formulas or funding conventions.)**

Please reference the *Agency Program Information* spreadsheet for funding sources and amounts, including federal grants and pass-through monies. The funding is determined by the federally approved Public Assistance Cost Allocation Plan (PACAP).

*Please reference Attachment 35.*

**H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.**

SWI serves as the primary point of contact for the reporting and referral of all allegations of abuse, neglect, and exploitation (ANE) of children, persons aged 65 or older or adults with disabilities living in the community, persons in state hospitals or receiving services from Medicaid managed care organizations, consumer directed services, and certain other services from community centers and facility and community center contractors.

HHSC is responsible for the licensure of Day Habilitation Centers/Day Activity Health Services (DAHS), and licensed Individualized Social Skills (ISS) facilities. Because HHSC is the licensing authority for these settings, DFPS began transitioning these investigations to HHSC in March 2023.

With the passage of HB 4696 by the 88th Legislature, Regular Session, DFPS began to transition to HHSC the intake and investigative authority for alleged ANE in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), including the state supported living centers (SSLCs), Home and Community Support Services Agencies (HCSSAs) – better known as home health and hospice agencies – and the Home and Community-Based Services (HCS) and Texas Home Living (TxHmL) Medicaid waiver programs. This also included the transition from DFPS to HHSC of ANE investigative jurisdiction of adults receiving non-Medicaid HCSSA services and adults living in residential child-care settings.

In October 2023, DFPS and HHSC signed a joint implementation plan for HB 4696. The plan included a timeline and action items necessary to complete the transition of staff, resources, and duties for the implementation of HB 4696. The transition has occurred in implementation phases and remains in progress. SWI continues to receive and route to HHSC Provider Investigations (PI) any intakes that meet

the legal definitions of ANE that involve HCS and TxHML Medicaid waivers as well as intakes involving unverified ICFs/IID, or unlicensed DAHS/ISS facilities.

### **Children's Advocacy Centers of Texas**

Children's Advocacy Centers of Texas (CACTX) is the statewide, non-profit membership association for all local children's advocacy centers (CACs) in Texas. DFPS and CACTX have an MOU that established policies and procedures to facilitate cooperation between CACTX and DFPS. CACTX provides training, technical assistance, evaluation services, and funds to local centers, as referenced in Texas Family Code §264.409. CACs are community-based centers that bring together a multidisciplinary team (MDT) comprised of local representation from DFPS, law enforcement, county and district attorneys, and any other local entity that participates in the investigation or provides services to victims through the center. Texas Family Code §264.406 and §264.408 authorize the sharing of confidential information between local CAC MDT members when acting in their official capacity. DFPS shares SWI intake reports of abuse, neglect, and exploitation as the same notifications are made to law enforcement. The intent of sharing these reports is to streamline investigation and achieve the following goals:

- To proactively strengthen and sustain the CAC MDT.
- To fortify the overall multidisciplinary component within CACs to ensure effective communication, coordination, and collaboration at all stages of child abuse cases.
- To ensure timely access to the full array of CAC/MDT services for all children within the CAC's official service area and existing working protocol case criteria.

Reports must be shared with the appropriate CAC when a report of suspected child abuse :

- Is made by a professional and alleges sexual abuse of a child;
- Is made by a professional and is a type of case handled by the CAC in accordance with its working protocols; or
- Is a child fatality in which there are surviving children in the deceased's household or are children under the care of the alleged perpetrator of the child fatality; and
- Involves a county served by a CAC.

DFPS is required to use MDTs appointed by CACs, in accordance with SB 1806 passed during the 85th Legislature.

Additionally, DFPS and the CAC share mutually agreed upon, deidentified data at regular intervals in furtherance of collaboration, evaluation, and system improvements.

### **Foster Care Ombudsman**

The Foster Care Ombudsman (FCO), established during the 84th Legislature, Regular Session (known as SB 830), serves as an impartial party in helping children and youth in DFPS conservatorship with questions and complaints regarding DFPS and HHSC programs and services. FCO is specifically directed in state law to ensure DFPS is informed of the results of FCO's complaint investigations and to provide necessary assistance to youth in DFPS conservatorship in reporting allegations of abuse, neglect, and exploitation to SWI. DFPS and FCO have an MOU to aid in FCO complaint investigations. FCO has read-only access to IMPACT, limited to matters under the authority of FCO for which there is a legitimate business need to access the subject information.

**I. If the division or program works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.**

SWI does not work with local, regional, or federal units of government in ways other than what has already been discussed.

SWI coordinates with other state agencies to receive intakes through the methods described above and sends information to the Health and Human Services (HHS), Office of Refugee Resettlement (ORR), law enforcement, or other appropriate agency when it is not within DFPS jurisdiction and appears to be within the responsibility of those agencies.

**J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.**

SWI is a key stakeholder in the activities and planning for a new case management system. This includes providing thoughts and ideas on new features to enhance casework practice and other operational efficiencies. It is also an opportunity to provide feedback on what may be working well within the current system or opportunities for improvements. This includes exploring phone integration capabilities, needed system changes identified through the Business Process Redesign (BPR) project, and exploring offline downtime capabilities. It also includes the potential incorporation of artificial intelligence functionality such as transcription services. For more information on BPR, please see Section 11 of this report.

There are no statutory changes that are needed to assist SWI in performing its functions, nor are there barriers or challenges that impede SWI's performance.

**K. Provide any additional information needed to gain a preliminary understanding of the division or program.**

Not applicable.

**L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:**

*Why the regulation is needed*

*The scope of, and procedures for, inspections or audits of regulated entities*

*Follow-up activities conducted when non-compliance is identified*

*Actions available to the agency to ensure compliance*

*Procedures for handling consumer/public complaints against regulated entities*

SWI does not perform licensing, registration, or certification duties.

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

Not applicable.

## VII. Guide to Agency Divisions and Programs – Child Protective Investigations

### A. Provide the following information at the beginning of each description.

**Name of division or program:** Child Protective Investigation

**Location within the agency:** Deputy Commissioner of Programs

**Contact name:** Marta Talbert, Associate Commissioner

**Statutory citation:** Chapter 40, Texas Human Resources Code; Title 5, Texas Family Code

### B. What is the objective of this division or program? Describe its major activities.

CPI protects children by investigating reports of abuse or neglect to determine if a child has been harmed and whether the home or school environment poses ongoing threats to their safety. CPI works with families to assess if caregivers are willing and able to manage safety concerns and, when necessary, initiates protective actions to ensure the child's well-being. As part of this work, CPI also includes CCI, which investigates allegations of abuse, neglect, and exploitation in regulated child care settings.

The CPI program performs the following major activities:

- Investigates reports of child abuse or neglect to determine whether a child has been harmed and whether there are ongoing safety threats in home or school environments.
- Investigates abuse, neglect, and exploitation in regulated child care settings such as licensed child care centers (also called day cares), foster homes, and residential facilities.
- Responds to families through alternative response when appropriate to address abuse or neglect concerns and to help the family ensure child safety.
- Assesses alleged abuse or neglect by conducting assessments, completing interviews, making referrals for services, and connecting with personal and professional support systems.

- Determines a result, called a "disposition" or "finding," for each allegation in an investigation.
- Assesses whether parents or caregivers are willing and able to manage identified safety concerns and risk factors.
- Refers families to community and state resources that promote child safety and well-being, such as therapy, parenting support, financial assistance, and medical or mental health services.
- Works with law enforcement to conduct joint investigations when necessary, particularly in criminal cases or cases of serious physical or sexual abuse.
- Assists in the fight against human trafficking by identifying and responding to potential trafficking victims.
- Refers families for FBSS when children can remain safely in the home with ongoing supportive services.
- Files for civil court intervention when children are determined to be unsafe in the home, which may include seeking court orders for emergency removal for temporary legal custody.
- Removes children from their homes under exigent circumstances without a court order when there is an immediate threat to the child's safety.
- Coordinates with CPS or CBC contractors to provide substitute care services when children are removed from the home.
- Collaborates with CPS, CBC contractors, and CCR at HHSC to ensure child safety in licensed child care operations.

**C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.**

LBB and internal measures provided in the “Agency Program Information” spreadsheet, data source, and methodology listed below.

Measures of Effectiveness	Data Source	Methodology
<b>LBB</b>		
2.1 OC 1 - % CPI Priority 1 Reports Initiated Within 24 hrs	IMPACT	Divide the total number of unduplicated CPS reports designated as Priority 1 (P1) in the intake stage for which an investigation was initiated within 24 hours of being reported to DFPS where the investigation was completed during the reporting period (numerator) by the total number of unduplicated CPS reports designated as P1 in the intake stage where the investigation completion date is during the reporting period (denominator). In order to ensure the reports are unduplicated, do not include merged reports. Multiply by 100 to achieve a percentage.
2.1 OC 4 - Incidence of Confirmed Child Abuse per 1,000 TX Children	IMPACT	Divide the number of children identified as confirmed victims in completed CPS investigations for which a disposition of “RTB” (indicating confirmed) has been determined substantiating the allegations of abuse/neglect in the reporting period (numerator) by the Texas child population during the reporting period divided by 1,000 (denominator).
2.1 OC 20 - INV Caseworker Turnover Rate*	IMPACT, CAPPS	Using the SAO methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.
2.1.1 OP 1 - # Completed CPI Child Abuse/Neglect Investigations*	IMPACT	Number of CPI child abuse/neglect investigations completed during the FY. The intake may have been received in prior FY.



Measures of Effectiveness	Data Source	Methodology
2.1.1 OP 4 - # Completed Alternative Response Stages*	IMPACT	Number of Alternative Response stages completed during the FY. The intake may have been received in prior FY.
2.1.1 OP 5 - # Confirmed CPS Child Abuse/Neglect Reports*	IMPACT	Number of confirmed CPI child abuse/neglect investigations completed during the FY.
2.1.1 EF 1 - CPS Daily Caseload per Worker: Investigation*	IMPACT, CAPPS	Divide the year-to-date sum of all daily case counts (specific stage types assigned to case-carrying workers) by the sum of all daily caseworker counts (case carrying workers with at least one selected stage type as primary assignment). Stages included are: Intake (INT, if not progressed to INV in the same day), Investigation (INV), Family Preservation (FPR), Sub Care (SUB, including children reunified), Family Sub Care (FSU), Adoption (ADO), Foster/Adopt Home Development (FAD, if approved or receiving casework services) and Kinship (KIN). Reported by seven Caseworker Types: CPI/RCCI/DCI Investigators, FBSS, SUB, FAD, and KIN.
<b>Internal</b>		
Investigations & Alternative Response - Opened	IMPACT	Number of CPI INV and Alternative Response (AR) stages opened within a reporting period.
Investigations & Alternative Response - Closed	IMPACT	Number of CPI INV and AR stages closed within a reporting period.
Priority 1 Face-to-Face Contact Actual or Attempted	IMPACT	Percentage of P1 investigations with a face-to-face contact attempted or completed within 24 hours of intake.
Priority 1 Face-to-Face Contact Actual	IMPACT	Percentage of PP1 investigations with a face-to-face contact completed within 24 hours of intake.
Priority 2 Face-to-Face Contact Actual or Attempted	IMPACT	Percentage of Priority 2 (P2) investigations with a face-to-face contact attempted or completed within 72 hours of intake.



Measures of Effectiveness	Data Source	Methodology
Priority 2 Face-to-Face Contact Actual	IMPACT	Percentage of P2 investigations with a face-to-face contact completed within 72 hours of intake.
Family-Initiated Parental Child Safety Placement - During the Quarter	IMPACT	Number of PCSPs open at the beginning of the period plus those opened during the reporting period.
Family-Initiated Parental Child Safety Placement - Started in the Quarter	IMPACT	Number of PCSPs opened (i.e. with a start date) during the reporting period.
Family-Initiated Parental Child Safety Placement - Ended in the Quarter	IMPACT	Number of PCSPs closed (i.e. with an end date) during the reporting period.
Percentage of Alleged Victims with a Completed Investigation and Disposition of Reason to Believe or Ruled Out	IMPACT	Percentage of alleged victims with a completed investigation and disposition of Reason to Believe or Ruled Out
CPI - Kinship as First Placement by State (Region - Varies)	IMPACT	Percent of removals with first placement as a relative or fictive kin.
Closed Investigations Opened to FBSS	IMPACT	Count of CPI investigations that are progressed to Family Preservation stages when closed.
Closed Investigations Opened to Removal	IMPACT	Count of CPI investigation stages that resulted in at least one child removed from their home.
Most Common Removal Reasons: Neglectful Supervision	IMPACT	Of all removals, percentage of removal reason Neglectful Supervision. Each removal can have more than one removal reason. The percentage of removal reasons will not equal 100%.
Most Common Removal Reasons: Physical Abuse	IMPACT	Of all removals, percentage of removal reason Physical Abuse. Each removal can have more than one removal reason. The percentage of removal reasons will not equal 100%.

Measures of Effectiveness	Data Source	Methodology
Most Common Removal Reasons: Physical Neglect	IMPACT	Of all removals, percentage of removal reason Physical Neglect. Each removal can have more than one removal reason. The percentage of removal reasons will not equal 100%.
Most Common Removal Reasons: Sexual Abuse	IMPACT	Of all removals, percentage of removal reason Sexual Abuse. Each removal can have more than one removal reason. The percentage of removal reasons will not equal 100%.
Most Common Removal Reasons: Refusal to Accept Parental Responsibility	IMPACT	Of all removals, percentage of removal reason Refusal to Accept Parental Responsibility. Each removal can have more than one removal reason. The percentage of removal reasons will not equal 100%.
Most Common Removal Reasons: Medical Neglect	IMPACT	Of all removals, percentage of removal reason Medical Neglect. Each removal can have more than one removal reason. The percentage of removal reasons will not equal 100%.
Most Common Removal Reasons: Abandonment	IMPACT	Of all removals, percentage of removal reason Abandonment. Each removal can have more than one removal reason. The percentage of removal reasons will not equal 100%.
12 Month Recidivism on Investigations Closed without Services	IMPACT	Number of children who have a confirmed allegation in an investigation or an open FPR or SUB stage within 12 months of a closed investigation with no ongoing services/Number of children (alleged and confirmed victims) in investigations (including administrative closures) closed 12 months ago with no ongoing services.
<b>LBB</b>		
2.1.3 OP 1 - Avg # Days TWC Foster Day Care Paid per Month*†	IMPACT	Total number of days paid for TWC Foster Day Care divided by 12 for monthly average.

Measures of Effectiveness	Data Source	Methodology
2.1.3 OP 2 - Avg # Days Relative Day Care Paid per Month*†	IMPACT	Total number of days paid for TWC Foster Day Care divided by 12 for monthly average.
2.1.3 OP 3 - Avg # Days TWC Protective Day Care Paid per Month*†	IMPACT	Total number of days paid for TWC Foster Day Care divided by 12 for monthly average.
2.1.3 EF 1 - Avg Cost/Day: TWC Foster Day Care- SF and Budget*†	IMPACT	Numerator: Total amount paid divided by 12. Denominator: Average Number of Days Paid per Month (2-1-3 OP 1).
2.1.3 EF 2 - Avg Cost/Day: Relative Day Care*†	IMPACT	Numerator: Total amount paid divided by 12. Denominator: Average Number of Days Paid per Month (2-1-3 OP 2).
2.1.3 EF 3 - Avg Cost/Day: Protective Day Care*†	IMPACT	Numerator: Total amount paid divided by 12. Denominator: Average Number of Days Paid per Month (2-1-3 OP 3).
2.1.3 EX 1 - # Children: TWC Foster Day Care†	IMPACT	From the reconciled Monthly Service Report, count the unduplicated number of children receiving TWC foster day care during the reporting period, including IV-E Foster Care Child Day Care and Non-IV-E Foster Care Child Day Care. Due to lags in billing process, a completion factor using historical trends in actual paid day care claims is applied to the number of children receiving day care. The annual or year to date count will be the sum of all unique children during the reporting period. Count the children regardless of how many days are spent in paid child care per month. Children are unduplicated by service month and IMPACT Person ID.

Measures of Effectiveness	Data Source	Methodology
2.1.3 EX 2 - # Children: Relative Day Care†	IMPACT	From the reconciled Monthly Service Report, count the unduplicated number of children receiving TWC relative day care during the reporting period including Relative Caregiver Day Care Services. Due to lags in billing process, a completion factor using historical trends in actual paid day care claims is applied to the number of children receiving day care. The annual or year to date count will be the sum of all unique children during the reporting period. Count the children regardless of how many days are spent in paid child care per month. Children are unduplicated by service month and IMPACT Person ID.
2.1.3 EX 3 - # Children: TWC Protective Day Care†	IMPACT	From the reconciled Monthly Service Report, count the unduplicated number of children receiving TWC protective day care during the reporting period, including TWC Protective Day Care Services. Due to lags in billing process, a completion factor using historical trends in actual paid day care claims is applied to the number of children receiving day care. The annual or year to date count will be the sum of all unique children during the reporting period. Count the children regardless of how many days are spent in paid child care per month. Children are unduplicated by service month and IMPACT Person ID.
2.1 OC 2 - % RCI Priority 1 Reports Initiated Within 24 hrs	IMPACT	Divide the total number of unduplicated RCI reports designated as P1 in the intake stage for which an investigation was initiated within 24 hours of being reported to DFPS where the investigation was completed during the reporting period (numerator) by the total number of unduplicated RCI reports designated as P1 in the intake stage where the investigation completion date is during the reporting period (denominator). In order to ensure the reports are unduplicated, do not include merged reports. Multiply by 100 to achieve a percentage.

Measures of Effectiveness	Data Source	Methodology
2.1 OC 3 - % DCI Priority 1 Reports Initiated Within 24 hrs	IMPACT	Divide the total number of unduplicated DCI reports designated as P1 in the intake stage for which an investigation was initiated within 24 hours of being reported to DFPS where the investigation was completed during the reporting period (numerator) by the total number of unduplicated DCI reports designated as P1 in the intake stage where the investigation completion date is during the reporting period (denominator). In order to ensure the reports are unduplicated, do not include merged reports. Multiply by 100 to achieve a percentage.
2.1.1 OP 2 - # Completed Residential Child Abuse / Neglect Investigations*	IMPACT	Number of RCCI child abuse/neglect investigations completed during the FY. The intake may have been received in prior FY.
2.1.1 OP 3 - # Completed Day Care Child Abuse / Neglect Investigations*	IMPACT	Number of DCI child abuse/neglect investigations completed during the FY. The intake may have been received in prior FY.
2.1.1 OP 6 - # Confirmed Residential Child Abuse / Neglect Reports*	IMPACT	Number of confirmed RCCI child abuse/neglect investigations completed during the FY.
2.1.1 OP 7 - # Confirmed Day Care Child Abuse / Neglect Reports*	IMPACT	Number of confirmed DCI child abuse/neglect investigations completed during the FY.
2.1.1 OP 13 - # of RCCI Investigations Closed within 30 Days*	IMPACT	Number of confirmed RCCI child abuse/neglect investigations completed within 30 days during the FY.
2.1.1 OP 14 - # of DCI Investigations Closed within 30 Days*	IMPACT	Number of confirmed DCI child abuse/neglect investigations completed within 30 days during the FY.

Measures of Effectiveness	Data Source	Methodology
2.1.1 EF 2 - CPS Daily Caseload: Residential Care Investigation*	IMPACT, CAPPS	Divide the year-to-date sum of all daily case counts (specific stage types assigned to case-carrying workers) by the sum of all daily caseworker counts (case carrying workers with at least one selected stage type as primary assignment). Stages included are: INT (if not progressed to INV in the same day), INV, FPR, SUB (including children reunified), FSU, ADO, FAD, (if approved or receiving casework services), and KIN. Reported by seven Caseworker Types: CPI/RCCI/DCI investigators, FBSS, SUB, FAD, and KIN.
2.1.1 EF 3 - CPS Daily Caseload: Day Care Investigation*	IMPACT, CAPPS	Divide the year-to-date sum of all daily case counts (specific stage types assigned to case-carrying workers) by the sum of all daily caseworker counts (case carrying workers with at least one selected stage type as primary assignment). Stages included are: INT (if not progressed to INV in the same day), INV, FPR, SUB (including children reunified), FSU, ADO, FAD (if approved or receiving casework services), and KIN. Reported by seven Caseworker Types: CPI/RCCI/DCI investigators, FBSS, SUB, FAD, and KIN.
<b>Internal</b>		
Residential Child Care Investigations (RCCI) Opened	IMPACT	Number of RCCI investigations opened (with a start date) during the period
RCCI Priority 1 Face-to-Face Contact Timely	IMPACT	Percentage of P1 RCCI investigations with a face-to-face contact completed within 24 hours of intake.
RCCI Priority 2 Face-to-Face Contact Timely	IMPACT	Percentage of P2 RCCI investigations with a face-to-face contact attempted or completed within 120 hours of intake.
RCCI Priority 1 Initiation Met Timely	IMPACT	Percentage of P1 RCCI investigations that were initiated timely.
RCCI Priority 2 Initiation Met Timely	IMPACT	Percentage of P2 RCCI investigations that were initiated timely.

Measures of Effectiveness	Data Source	Methodology
RCCI Average Number of Investigations Open at End of Month	IMPACT	Average number of RCCI investigations open on last day of the month. Does not include those that are closed on the final day of the month.
Day Care Investigations (DCI) Opened	IMPACT	Number of DCI Investigations opened (i.e., with a start date) during the period.
DCI Priority 1 Face-to-Face Contact Timely	IMPACT	Percentage of P1 DCI investigations with a face-to-face contact completed within 24 hours of intake.
DCI Priority 2 Face-to-Face Contact Timely	IMPACT	Percentage of P2 DCI investigations with a face-to-face contact attempted or completed within 120 hours of intake.
DCI Priority 1 Initiation Met Timely	IMPACT	Percentage of P1 DCI investigations that were initiated timely.
DCI Priority 2 Initiation Met Timely	IMPACT	Percentage of P2 RCCI investigations that were initiated timely.
Average Number of Investigations (DCI) Open at End of Month	IMPACT	Average number of DCI investigations opened on last day of the month. Does not include those that are closed on the final day of the month.
CPI Family Team Meetings Completed	IMPACT	Count total number of FTMs completed during the period.
<b>LBB</b>		
2.1 OC 1 - % CPI Priority 1 Reports Initiated Within 24 hrs	IMPACT	Divide the total number of unduplicated CPS reports designated as P1 in the intake stage for which an investigation was initiated within 24 hours of being reported to DFPS where the investigation was completed during the reporting period (numerator) by the total number of unduplicated CPS reports designated as P1 in the intake stage where the investigation completion date is during the reporting period (denominator). In order to ensure the reports are unduplicated, do not include merged reports. Multiply by 100 to achieve a percentage.

Measures of Effectiveness	Data Source	Methodology
2.1 OC 4 - Incidence of Confirmed Child Abuse per 1,000 TX Children	IMPACT	Divide the number of children identified as confirmed victims in completed CPS investigations for which a disposition of 'RTB' (indicating confirmed) has been determined substantiating the allegations of abuse/neglect in the reporting period (numerator) by the Texas child population during the reporting period divided by 1,000 (denominator).
2.1 OC 20 - INV Caseworker Turnover Rate*	IMPACT, CAPPS	Using the SAO methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.
2.1.1 OP 1 - # Completed CPI Child Abuse/Neglect Investigations*	IMPACT	Number of CPI child abuse/neglect investigations completed during the FY. The intake may have been received in prior FY.
2.1.1 OP 4 - # Completed Alternative Response Stages*	IMPACT	Number of Alternative Response stages completed during the FY. The intake may have been received in prior FY.

\* Key LBB measures

† May be used by more than one DFPS program

## Quality Assurance

### ***Family Based Investigation Quality Assurance***

The CPI Quality Assurance (QA) Division was implemented in September 2024. The primary purpose of this division is to provide a statewide evaluation of CPI activities by reviewing compliance with relevant law, rules, and agency policies with a goal of establishing consistency across the state. Program specialists review closed cases and complete a case reading survey, which is used to evaluate field staff's compliance with current policies. Data is collected from these case reads and shared with regional leadership quarterly to identify trends and patterns and determine if a policy, communication, or training is needed for staff. In addition, data is used by supervisors and managers as a tool when evaluating staff performance.

### ***Child Care Investigation Quality Assurance***

In August 2019, DFPS used existing resources to create a Quality Assurance Team (QAT). Since January 2020, the QAT has performed reviews to assess the quality of licensed child care investigations, including qualitative measures related to foster care litigation. Data from the results of these reviews is utilized to improve staff performance and assess revisions needed to training, policy, and practice.



**D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.**

## 2017

Following the order of SB 11 and HB 5 (85R), on September 1, 2017, the investigations branch of CPS becomes a separate division named Child Protective Investigations (CPI).

DFPS is awarded a two-year grant from the Office of the Governor's Child Sex Trafficking Team (OOG CSTT). DFPS applies for grant to fund the DFPS Human Trafficking Initiative to better serve the vulnerable population of children served by DFPS who may have been or have been sexually exploited by traffickers and establishes the DFPS Human Trafficking Division (HT) to lead the work.

## 2019

The 86th Texas Legislature appropriates funds to permanently integrate the Human Trafficking division into the DFPS infrastructure.

**E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.**

## Family Investigations

There are no eligibility requirements, income thresholds, or demographic limitations for families affected by Family Investigations. CPI has jurisdiction when the alleged abuse or neglect involves a child within a family or household setting, or when a school staff member or volunteer is the alleged perpetrator. Services are provided to all alleged victims of abuse or neglect as defined in Texas Family Code, Chapter 261.

In FY 2024, there were 64,366 confirmed victims of child abuse or neglect through Family Investigations.

**Profile of Confirmed Child Abuse/Neglect Victims Fiscal Year 2024 – Age and Gender**

Age	< 1 yr	1 – 3 yrs	4-6 yrs	7-9 yrs	10-12 yrs	13-17 yrs	Unknown	All ages
Female	4,654	7,480	6,526	4,971	4,215	5,219	7	33,072
Male	4,976	8,193	6,737	4,794	3,458	2,988	15	31,161
Unknown	31	39	34	13	10	6	0	133
Total	9,661	15,712	13,297	9,778	7,683	8,213	22	64,366

### Profile of Confirmed Child Abuse/Neglect Victims Fiscal Year 2024 – Race/Ethnicity

Race/ Ethnicity	Anglo	African American	Hispanic	Native American	Asian	Other	All
Total	20,095	10,151	30,034	41	306	3,739	64,366

### Alternative Response (AR)

Like Family Investigations, AR has no eligibility criteria related to income, race, or other demographic factors. Instead, cases are screened for appropriateness based on risk level and case characteristics. AR is limited to low-risk intakes and excludes cases involving certain factors such as:

- Sexual abuse
- Child fatalities
- Serious physical injuries
- Children under age 6 in certain conditions
- Alleged perpetrators who are DFPS staff, school employees, or convicted sex offenders

In FY 2024, 35,299 AR stages were opened, affecting approximately 163,779 individuals (children and adults).

AR expansion efforts are currently being piloted in Regions 4, 5, and 10. This expansion broadens the criteria for cases eligible for the AR approach. Additional details about the expansion are provided in Question F of this section.

### Child Care Investigations (CCI)

CCI investigates abuse, neglect, and exploitation occurring in regulated child care operations. There are no eligibility requirements for children affected by CCI investigations; however, CCI jurisdiction is limited to licensed, certified, or registered child care operations in Texas, including:

- Child care centers (also called day cares)
- Residential settings, including:
  - » Foster homes
  - » Residential treatment centers
  - » General residential operations

Any caregiver defined in TAC 707.703 as “a person whose duties include the supervision, guidance, and protection of a child or children” in these facilities may be investigated as an alleged perpetrator.

In FY 2024, CCI completed 3,608 child abuse/neglect investigations in residential settings and 1,810 child abuse/neglect investigations in child care centers. CCI confirmed 225 (6.2%) residential child abuse/neglect reports and 348 (19.2%) child care child abuse/neglect reports.

**F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.**

CPI operates across 13 geographic regions, each with unique characteristics that influence service delivery. While policy and practice expectations are centrally developed, implementation is carried out regionally, typically guided by regional program administrators and regional directors. This regional structure allows CPI to adapt to local conditions – such as workforce availability, law enforcement collaboration, county court systems, and community resources – while maintaining statewide consistency through centralized oversight, quality assurance reviews, and regular performance monitoring.

CPI functions are driven by state laws as indicated in [Child Protective Services Handbook](#) and are administered through three major functional areas: Family Investigations and Alternative Response, Child Care Investigations, and Operations.

### **Family Investigations & Alternative Response**

The Family Investigations and Alternative Response division is comprised of:

- Family Investigations and Alternative Response.
- Special Investigations.
- Master Investigations.
- Family Group Decision Making.

When suspected child abuse or neglect by a person responsible for a child's care, custody, or welfare is reported to DFPS, SWI serves as the centralized point of contact to receive and assess the information. If the report meets the statutory definitions of abuse or neglect, SWI screens the case and routes it to CPI for investigation assigned to a CPI investigator. CPI is responsible for conducting civil investigations of reported child abuse and neglect. The objectives of the investigation are to:

- Help ensure child safety.
- Determine whether abuse or neglect occurred.
- Assess whether the child may be at risk of abuse or neglect in the future.
- Provide the family or child with needed safety services.
- Refer the family for services, available in the community or through the agency, that reduce the risk of abuse and neglect and enhance the well-being of the family.

The primary purpose of the investigation is the protection of children. Investigators seek to identify whether the child is safe, how vulnerable the child is, and whether any parent has the capacity to protect the child. CPI determines this early in the investigatory process and ends the investigation once it is possible to determine the child is safe.

#### ***Family Investigations***

SWI routes reports that involve serious abuse or neglect allegations to CPI for a family investigation (also referred to as a traditional investigation). Once the appropriate office receives the report from SWI, it is assigned to a CPI investigator. CPI investigators are specially trained in identifying signs of abuse and neglect, and investigative methods.

CPI investigators are permitted to use a range of investigation methods based on the safety concerns for the child; however, when responding to P1 reports that involve children who appear to face immediate risk of physical or sexual abuse, in accordance Family Code 261.301, law enforcement must be notified and conduct a joint investigation with the DFPS investigator. If a joint investigation does not occur, it must be documented that law enforcement was notified and the reason the joint investigation did not occur.

Through the initial information-gathering stage, the investigator and the supervisor must consider all information obtained and complete the following steps:

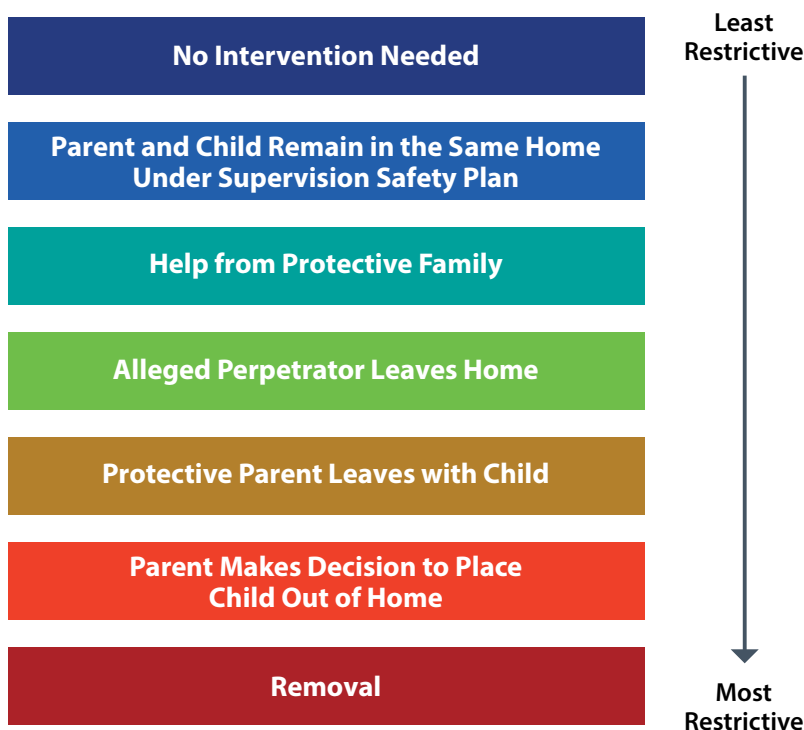
- Contact the person who reported the alleged abuse or neglect to gather additional information.
- Review the family's DFPS history.
- Conduct criminal history searches on all household members aged 14 or older.
- Meet with the CPI supervisor to determine a plan of action.

Every investigation is unique as to investigative actions; however, basic investigative steps include the following:

- Face-to-face contact and interviews with other individuals involved, such as parents, caregivers, teachers, and others who may have relevant information.
- Interview (with children who are able and willing to participate) with each victim within the prescribed response priority time frame.
- Interviews with children are audio recorded, and their photos are taken (with their permission) and uploaded into IMPACT. Notification of contact with the children is provided to each parent or legal guardian within 24 hours of contact with children.
- Review of Notification of Rights (NOR) with each alleged perpetrator and with the parent or legal guardian. The NOR must be reviewed with the alleged perpetrator and/or parent/guardian prior to any attempt to interview or gather information from them.
- The parent/guardian and/or alleged perpetrator must be provided: *A Guide to Child Protective Investigations*. This document provides information to the family on what to expect during an investigation, their rights, and resource information.
- Conduct home visits to assess the living conditions and observe interactions between the child and caregivers.
- Collect any physical evidence, medical records, or documentation that may support the investigation.

The investigator assesses the immediate safety of the child and determines if there is a need for emergency intervention. If necessary, a safety plan may be implemented to protect the child while the investigation is ongoing. The investigator takes all steps necessary to establish child safety. Information gathered in the initial investigative steps is shared with the CPI supervisor, and a safety assessment tool is completed. The safety assessment tool provides a safety determination based on specific criteria and danger indicators. Safety assessment determinations include the following:

- Safe – There are no current safety threats present.
- Safe with a plan – There are safety threats present; however, there is a viable safety plan with the use of friends or family that the family is voluntarily willing to engage in.
- Unsafe – There is an immediate danger to the child, and there is no viable safety plan available to protect the safety and wellbeing of the children.



If the investigator concludes children are safe and not at risk of future harm, a case may be closed; however, if children are not safe, the investigator may refer the case for ongoing services. When there are concerns about a child's ongoing safety, CPI refers the family to one of two types of ongoing services. If a child can remain safely in the home while issues are resolved, the family is referred to FBSS. If the child cannot remain safe in their own home, CPI may petition the court to remove the child from the parents' custody and place the child in a relative's care or foster care. Under exigent circumstances, CPI may remove a child from their home where danger is present prior to seeking a court order. If a child is removed from their home, the family would then work with CPS or the CBC contractor for substitute care services designed to address the safety concerns so that the child may safely return home or, if reunification is not a possibility, to achieve other identified permanency goals for the child.

To support consistent and objective decision-making across all investigations, CPI uses the Structured Decision Making® (SDM) system, a research-based tool developed in partnership with the Children's Research Center. Following a 2014 Sunset Commission recommendation, DFPS implemented SDM statewide in 2015. The Commission specifically called for an assessment tool "based on actuarial principles that have been scientifically accepted and adapted for Texas." The SDM system fulfills this directive by guiding investigators through structured, evidence-informed evaluations of safety and risk.

In addition to the safety assessment tool, investigators are required to complete a risk assessment tool. The risk assessment tool is comprised of items that demonstrate a strong statistical relationship with future child neglect or abuse. The risk assessment tool is based on research of abuse/neglect cases that examined the relationships between family characteristics and the outcomes of subsequent confirmed abuse and neglect. The assessment does not predict recurrence; rather, it assesses whether a family is more or less likely to have another abuse/neglect incident without agency intervention. Risk assessments help identify interventions to support high-risk families and reduce future abuse or neglect allegations. Risk assessment levels include Low, Moderate, High, and Very High. The investigator makes every attempt to complete investigations within 30 days from the date the report was received by the agency; however, a supervisor may approve an extension based on specific case circumstances.

Every case investigated is assigned a disposition for each allegation identified. A disposition is a finding that states whether an allegation of abuse or neglect occurred. Each disposition the investigator gives to an individual allegation is considered when finalizing the overall investigation disposition. Dispositional findings include the following:

- **Reason to Believe:** Abuse or neglect occurred based on a preponderance of the evidence. This means when all evidence is weighed, it is more likely than not that abuse or neglect occurred.
- **Ruled Out:** It is reasonable to conclude that the abuse or neglect has not occurred based on the information that is available.
- **Unable to Complete:** The investigation cannot be concluded. This is usually because the family could not be located to begin the investigation, the family was contacted but later moved and could not be located to complete the investigation, or the family refused to cooperate with the investigation. DFPS policy outlines several actions that the investigator must complete to make this disposition.
- **Unable to Determine:** DFPS is unable to determine if abuse or neglect occurred or is unable to determine the identity of the alleged perpetrator.

For FY 2024, overall investigation dispositions included the following:

FY 2024 Investigation Disposition	
Disposition	Number
Reason to Believe	34,394 (24%)
Ruled Out	92,063 (64%)
Unable to Complete	1,628 (1%)
Unable to Determine	16,104 (11%)
Total Completed Investigations	<b>144,189</b>

### ***Alternative Response***

Beginning in November 2014, DFPS implemented Alternative Response (AR), which is a different way to respond to reports of abuse and neglect. AR allows for a more flexible, family-engaging approach while still focusing on child safety. With a large focus on family engagement, AR focuses on working with the family to provide realistic, sustainable long-term safety for children, reducing the likelihood of future CPI involvement. AR cases are handled by AR specialists and CPI investigators who have been dually trained in methods that are specific to AR. AR cases differ from traditional investigations in that there is not a substantiation of allegations, perpetrators are not entered into the Central Registry (a repository for confirmed cases of child abuse and neglect), and there is a heightened focus on guiding the family to a plan for safety in a way that works for them and therefore promotes the safety.

Reports routed for AR are expected to have initial contact with the parent or guardian within 24 hours to schedule a family assessment. A 0-5 day family assessment is required to occur by the fifth day. During an AR response, the AR specialist is required to:

- Provide an NOR to all parents and/or guardians.
- Provide the family with A Guide to Alternative Response.
- Complete meaningful contact with all focus children.
- Notify all parents and/or guardians of contact with the children within 24 hours of contact.
- Address all concerns reported in the intake.

The 0-5 day family assessment, specific to AR cases, must occur in the home where the concerns were reported and must include all individuals who reside within the home. If the family identifies individuals who do not reside within the home but have significant contact in the home, the AR caseworker assesses those additional individuals for safety and risk prior to case closure.

Like traditional investigations, AR cases must have a safety assessment and a risk assessment. AR cases with a safety determination of safe may be progressed for closure; however, if the caseworker gathers information that prompts higher-level safety concerns, the caseworker may progress the case to a traditional investigation at any time. AR caseworkers and traditional investigators have the same authority, training, and decision-making tools to ensure responses to reports are sufficient and



appropriate to ensure child safety. Cases progressed from AR to a traditional investigation would follow traditional investigation procedures.

### *Alternative Response Expansion*

The agency is currently implementing an expansion of AR throughout the state. As AR expansion continues statewide, the goal is to increase AR from 20 percent to 50 percent in each region by 2028. The goal is to increase the number of families served through AR and reduce the number of families who go through a traditional investigation. Currently, 20 percent of cases assigned to investigations are designated for AR. The agency's goal is to have 50 percent of cases assigned designated for AR.

To meet this goal, the agency has done the following:

- Updated policy by allowing cases with children under the age of 6 to be worked as AR.
- Cross-trained CPI staff in AR practice.
- Updated CPI and SWI policy to allow for all P2 intakes to be screened for AR expansion.
- Initiated AR pilots in Regions 4, 5, and 10.
- Added AR to CPI training academy for all new investigators.
- Updated Texas Administrative Code to support AR.
- Allocated additional SWI screener job positions.
- Updated the agency's case management system, IMPACT, to enhance the routing and screening of intakes to increase the number of families served through AR.

AR improves engagement with families – specifically for those with younger children in the home – and the expansion allows DFPS to provide AR to families who have children in the home under the age of 6.

*Please reference Attachment 36.*

### **Special Investigations**

Special investigators (SI) were originally created in 2005 as a result of SB 6 during the 79th Legislature. The position was intended to provide investigators with a mentor who had law enforcement background to assist and train investigative staff in forensic investigation techniques for high-profile or high-risk cases. Each unit was assigned one SI. On September 1, 2017, the Special Investigations Division was created under the umbrella of CPI.

The roles and responsibilities of SIs have evolved. These investigators, both commissioned and non-commissioned peace officers, operate in a non-enforcement capacity within DFPS, allowing them to focus on high-profile and complex child abuse cases across the state. These include:

- Child fatalities.
- Investigations involving DFPS employees.
- Family Investigations where a DFPS employee resides in the home.
- Law enforcement investigations.
- School investigations.
- Investigations involving missing Temporary Managing Conservatorship (TMC)/Permanent Managing Conservatorship (PMC) youth.
- Cases involving families who cannot be located.



- Sex/labor trafficking investigations.
- Other high-profile cases.

Additionally, the SI Division provides support to CCI on complex and child fatality investigations and to CPS/ SSCCs to locate missing youth in the conservatorship of the agency, and assists with drug-endangered children, serious bodily injury, and sexual abuse investigations.

Special Investigation processes are similar in nature to traditional investigations. As with traditional investigations, SIs provide NORs and *A Guide to Child Protective Investigations*, give notice of contact with children to parents, and complete safety and risk assessments. Cases meeting criteria for an SI are complex in nature, requiring advanced skillsets.

SIs aid with training internal and external partners. They continue to work collaboratively with local, state, and federal law enforcement partners.

FY 2024 Missing Youth	
Children who went missing from DFPS conservatorship	935
Children missing from DFPS conservatorship recovered	919
Suspected/unconfirmed and/or confirmed trafficking	192

FY 2024 Child Fatalities	
Abuse/neglect related	99
Non abuse/neglect related	478
Children in DFPS conservatorship (TMC/PMC)*	2

FY 2024 School Investigations	
Closed investigations	2,171

*\*This number overlaps with the number of abuse/neglect related fatalities.*

## Master Investigators

Master investigators in DFPS are experienced investigators who are deployed across the state as their skills and expertise are needed. They play a crucial role in stabilizing the workforce by assisting with caseloads, mentoring new staff, and providing regional insights. Their expertise helps maintain investigative quality, staff retention, and overall efficiency in CPI. Regional Recovery Teams,

comprised of volunteer CPI leadership from across the state, work in tandem with deployed master investigators. Regional Recovery Teams provide assessment, planning, and implementation support. Their assessment informs the work of the master investigators while providing guidance to regional leadership to improve certain areas of regional operations when needed.

### **Family Group Decision Making**

Family Group Decision Making (FGDM) is a program within DFPS that facilitates family engagement in case planning and decision-making. FGDM supports CPI by leading the coordination and facilitation of Family Team Meetings (FTMs) during the investigation stage. These meetings bring families and support systems together to address safety concerns, explore alternatives to removal, and reduce time to permanency for children. In 2024, 12,002 FTMs were conducted across the state. FTMs are primarily used to prevent or eliminate the need for child removal, while Kinship Finder Sessions are prioritized for children without kinship placement. Other uses such as safety planning, PCSP modifications, and risk factor meetings are addressed as time and resources permit.

The FGDM Division serves as a centralized point of contact for FTM facilitation, allowing CPI investigators to focus on critical investigative tasks. In addition, FGDM staff lead Kinship Finder Sessions, providing investigators with a valuable tool to engage families early in the process. These sessions are focused on identifying noncustodial parents and potential kinship caregivers who can serve as part of the family's support network or as placement options for children when all other efforts to prevent removal have been exhausted.

### **Child Care Investigations**

CCI is responsible for all child care facility abuse, neglect, and exploitation investigations in the state, including child care (also known as day care) and residential settings, such as foster homes, general residential operations, and residential treatment centers. Previously under Child Care Licensing (CCL) within DFPS, the 85th Legislature passed HB 249 and SBs 11 5, and 200, which amended the Government Code, Family Code, and Human Resources Code, effective September 1, 2017, to:

- Transfer the responsibility of regulating child care centers to HHSC.
- Keep the responsibility of conducting investigations of allegations of abuse, neglect, and exploitation in child care facilities at DFPS.
- Authorize CCI staff to share information about the investigation with the child-care facilities' regulatory agency, Child Care Regulation (CCR, formerly known as Child Care Licensing), a program of Texas Health and Human Services.

CCI was created within CPI on September 1, 2017, with the objective of ensuring child safety by investigating allegations of abuse and neglect, providing a disposition, and working collaboratively with other agencies. CCI is made up primarily of four divisions: DCI, RCCI, Complex Investigations Division (CID), and State Office Operations.

The Director of CCI reports directly to the associate commissioner for CPI.

### **Day Care Investigations**

DCI investigates child abuse, neglect, and exploitation in child care homes and centers. These have

various licensing requirements through HHSC; however, the primary types are outlined in the Human Resources Code:

- Listed family home – The primary caregiver does all of the following:
  - » Provides regular care in the caregiver’s own home.
  - » Serves children whose ages range from birth through 13 years old.
  - » Provides care for at least four hours a day, three or more days a week, and more than three consecutive weeks.
  - » Serves no more than three children who are unrelated to the caregiver.
  - » Serves no more than 12 children total, including children who are related to the caregiver.
- Registered child care home – The primary caregiver does all of the following:
  - » Provides regular care in the caregiver’s own home.
  - » Provides care to no more than six children whose ages range from birth through 13 years old.
  - » Provides care during after-school hours to no more than six additional elementary school children.
  - » Serves no more than a total of 12 children at any given time, including children related to the caregiver.
- Licensed child care home – The primary caregiver does all of the following:
  - » Provides care at the caregiver’s own home.
  - » Provides care to children whose ages range from birth through 13 years old.
  - » Serves no more than a total of 12 children at any given time, including children related to the caregiver.
- Child care center – The operation does all of the following:
  - » Provides care at a location other than the home of the director, owner, or permit holder.
  - » Provides care to seven or more children whose ages range from birth through 13 years old.
  - » Provides care for less than 24 hours per day, but for at least two hours per day, for three or more days per week.
- Employer-based child care – An operation managed by a small employer that does all of the following:
  - » Provides care on the employer’s premises and in the same building where the parents work.
  - » Provides care to no more than a total of 12 children of employees.
  - » Provides care to children whose ages range from birth through 13 years old.
  - » Provides care for less than 24 hours per day.
- Shelter care – An operation that does all of the following:
  - » Provides care at a temporary shelter, such as a family violence or homeless shelter, while the resident parent is away from the shelter.

- » Provides care for seven or more children whose ages range from birth through 13 years old.
- » Provides care for at least four hours per day and three days per week.
- Before- or after-school program – An operation that does all of the following:
  - » Provides care before or after, or before and after, the customary school day and during school holidays.
  - » Provides care for children who attend prekindergarten through grade six.
  - » Provides care for at least two hours per day and three days per week.
- School-age program – An operation that does all of the following:
  - » Provides supervision, along with recreation, skills instruction, or skills training.
  - » Provides care before or after the customary school day and may also provide care during school holidays, summer break, or any other time when school is not in session.
  - » Provides care for children who attend prekindergarten through grade six.
  - » Provides care for at least two hours per day and three days per week.
- Illegal operations – An illegally operating child care facility is an operation that is subject to regulation but does not have a permit and is not in the process of applying for a permit.

These can range from brick and mortar (known as child care centers) to unregulated, illegal operations in a home-based setting. When DCI receives a report from SWI, the report is assigned to a DCI investigator. DCI investigators take the following general investigative steps:

- Review history.
- Contact the reporter.
- Complete interviews with victim children, collateral children, alleged perpetrator, and collateral adults.
- Notify parents/guardians of contact with the children.
- Assess the location.
- Consult DCI supervisor to determine child safety and a dispositional finding.

Following the closure of an investigation, notification letters are mailed to the appropriate parties. Staff are expected to remain available for Administrative Reviews of Investigation Findings, support criminal or civil investigations by providing relevant information, and serve as witnesses in hearings held by the State Office of Administrative Hearings when a Reason to Believe finding has been made.

### ***Residential Child Care Investigations***

RCCI completes investigations of child abuse, neglect, and exploitation in 24-hour residential child care settings.

A child care facility is an establishment that meets both of the following criteria:

- Subject to regulation by CCR.
- Provides any of the following for a child who is not related by blood, marriage, or adoption to the owner or operator of the facility for all or part of the 24-hour day, whether or not

the establishment operates for profit or charges for its services: assessment, care, training, education, custody, treatment, or supervision.

A child care facility includes the people, administration, governing body, activities on or off the premises, operations, buildings, grounds, equipment, furnishings, and materials. A child care facility does not include child placing agencies or listed family homes.

- A child placing agency (CPA) is a person or organization, other than the child's parents, who plans for the placement of or places a child in a child care operation or adoptive home. A CPA is a residential child care operation licensed by CCR.
- A foster home is a home that meets the following criteria: It is verified (monitored and regulated) by a child placing agency, it is the primary residence of the foster parents, and it provides care for six or fewer children or young adults for 24 hours a day.
- A general residential operation is a child care facility that provides care for more than seven children for 24 hours a day, including facilities known as children's homes, halfway houses, residential treatment centers, emergency shelters, and therapeutic camps.
- A residential treatment center is an operation that exclusively provides care and treatment services for emotional disorders for children up to 18 years old.

Once a report is routed from SWI to RCCI, it is assigned to an RCCI investigator. During an investigation, RCCI investigators take the following investigative steps:

- Review history.
- Contact the reporter.
- Initiate contact within the assigned priority response time frame.
- Complete interviews/observations of the victim children and collateral children.
- Contact the alleged perpetrator, collateral adults, and guardians of children.
- Assess the location.
- Consult with the RCCI supervisor to establish child safety and determine a dispositional finding.

RCCI investigators work diligently to complete investigations within the time frames outlined in policy and as required by court orders. Each investigation is closely tracked against specific performance metrics, including timelines for initiation, face-to-face contact, and case closure. These investigations range from basic-level foster homes to complex residential operations serving children with significant trauma and specialized needs. The team collaborates regularly with HHSC, law enforcement, and other DFPS divisions to assess safety and risk and ensure appropriate protective measures are in place for children in care.

### ***RCCI Business Process Redesign***

The Business Process Redesign (BPR) project is being used to assess the investigation process from intake through investigative closure. BPR includes participation from staff to help inform a comprehensive review of the current "as-is" process and the identification of strengths and areas for improvement. Staff input is instrumental in the design of new recommendations that align with the realities of our work and improve outcomes for children and families across the state.

Recommendations from staff have resulted in a pilot program that will test and refine proposed changes before statewide implementation. The pilot process began in July 2025.

### ***Complex Investigations Division***

The Complex Investigation Division (CID) is comprised of complex investigation analysts (CIAs) managed by a division administrator and quality assurance analysts managed by a division administrator.

CIAs provide case assistance and consultations on high-risk and complex CCI investigations to ensure child safety and provide targeted guidance while the investigation is open and ongoing. CIAs also develop and deliver targeted training for investigations staff. CIA staff complete Multiple Referral (M-Ref) reviews on qualifying cases involving a high number of investigations within a six-month rolling period to assist investigative staff in conducting thorough and targeted investigations on high-risk facilities. CIAs provide secondary approval on cases in which they consult, meet policy for required secondary approval, or have an M-Ref review.

The quality assurance team within CID reduces risk to children in care by developing tools and conducting qualitative case readings to monitor, track, and report measures related to CCI program policy, foster care litigation court orders, and field assessments. This unit makes recommendations and provides technical assistance related to policy, training, and ongoing program improvement.

### ***Child Care Investigations State Office Operations***

This unit manages projects and initiatives that impact CCI and serves as liaison with other programs within DFPS and external agencies. This unit participates in policy and rule development, training and technical assistance, program improvement, technology improvements, data analysis, legislative inquiries and analysis, foster care litigation, and community engagement.

CCI master investigators assist statewide for both residential and child care (day care) investigations following the same investigative standards and requirements, in addition to providing guidance and mentorship as needed for staff.

### **Human Trafficking and Child Exploitation Division**

The Human Trafficking and Child Exploitation (HTCE) Division builds DFPS's capacity to prevent, identify, and respond to human trafficking involving children, youth, and young adults across all stages of service. The division provides case consultations, policy guidance, and technical assistance to DFPS staff and contractors to support identification, recovery, and service connection for victims and those at risk.

HTCE facilitates statewide training, implements screening tools, leads quality assurance and data reconciliation activities, and coordinates multi-disciplinary partnerships. The division develops survivor-informed, trauma-attentive practices and leads public awareness efforts, including Human Trafficking Prevention Month activities. HTCE also supports compliance with federal mandates related to missing youth and trafficking screening requirements.

## **CPI Operations**

### ***Policy and Practice***

The CPI Division of Policy and Practice oversees the development of child welfare policy and implementation of programs to support CPI and CCI staff in their work in investigating cases of child abuse and neglect.

The division creates policy and practices to prevent child maltreatment, support families in need, and provide guidance when CPI and CCI staff must intervene with families to keep children safe.

The division is tasked with the following:

- Policy development – Creating and implementing procedures for CPI and CCI staff aimed at protecting the safety, well-being, and permanency of children who may be at risk of abuse or neglect.
- Implementation – Translating the laws and requirements set forth by the state and federal government into policy and into actionable steps that can be carried out by CPI and CCI staff.
- Training – Once policies have been written, training on the policy is provided to CPI and CCI staff to ensure they understand the requirements and improve their skills working with children and families.
- Data-driven decision making – Using data and reports to identify trends for improvement in CPI and CCI casework, to assess policy effectiveness, and to inform on what policies may need to be adjusted or streamlined.

The following programs are supported by the Division of Policy and Practice:

### ***Texas Family First***

The Texas Family First (TFF) pilot program is designed to prevent children from entering foster care by providing court-ordered services to families to alleviate safety concerns. Enacted during the 87th Legislative Session, HB 3041. The bill directed the agency to establish a pilot program known as Texas Family First (TFF) that allows the agency to close an investigation by referring the family of a child who is a candidate for foster care to FBSS, including mental health services, substance abuse treatment, and in-home intensive parenting support, and allows the children to remain in their home instead of entering foster care. DFPS petitions the court requesting a court order for a case to be referred into TFF services. A judge then decides if TFF services are an appropriate option and, if so, requires the family to participate.

As of March 2025, DFPS has implemented four contracts with SSCCs and two local mental health authorities to serve evidence-based services that have been approved by the Title IV-E Prevention Services Clearinghouse in Regions 1, 2, 3W, 6A, 8A, and 8B.

### ***CPI/CCI Mentor Program***

The CPI/CCI mentor program guides and develops competent staff through mentorship, consultation, training, and support that reinforces the DFPS practice model's goal of engaging, supporting, and empowering families to ensure the safety, permanency, and well-being of children and youth. The CPI/CCI mentor program is designed to provide an opportunity for staff to develop and grow their leadership skills by providing support to newly hired CPI protégés. There are 10 CPI/CCI mentor program specialists who oversee and support 250+ mentors statewide.



**G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). (If you have already submitted funding source info through the “Agency Program Information” spreadsheet, please limit your response to funding formulas or funding conventions.)**

Please reference the Agency Program Information spreadsheet for funding sources and amounts, including federal grants and pass-through monies. The funding is determined by the federally approved Public Assistance Cost Allocation Plan (PACAP).

*Please reference Attachment 35.*

**H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.**

### ***Joint Investigations with Law Enforcement***

DFPS collaborates with law enforcement to strengthen investigations through the use of forensic techniques, specialized training, and joint investigative efforts. In accordance with Family Code §261.3011, DFPS and law enforcement partners have developed guidelines and joint training protocols to support effective coordination.

To formalize this collaboration and reduce duplication of effort, DFPS has established MOUs with hundreds of local law enforcement agencies. These agreements outline shared commitments to conducting joint investigations and maintaining ongoing communication and cooperation. The creation of special investigators in 2005 further supports this partnership, serving both as subject matter experts to support DFPS caseworkers and as liaisons with law enforcement.

### ***Children’s Advocacy Centers***

As required by Texas Family Code §264.4061, DFPS must refer certain cases to Child Advocacy Centers to ensure a coordinated, multidisciplinary response to child abuse involving CPI, law enforcement, prosecutors, mental health providers, and medical professionals. CPI maintains MOUs with local CACs to clearly define roles and responsibilities in joint investigations and service coordination. These MOUs often include other participating entities, ensuring alignment across all partners involved in the CAC model.

CCI participates in the same MDT framework used by CACs and formalizes its role through MOUs executed by local CACs and signed by all participating agencies. These agreements clarify responsibilities specific to child care settings and help prevent duplication of investigative efforts.



## ***The Forensic Assessment Center Network***

The Forensic Assessment Center Network (FACN) was established in FY 2006 as a joint initiative between DFPS and the University of Texas Health Science Center at Houston to provide expert medical consultation in child abuse and neglect investigations. In 2017, the Texas Legislature codified the use of FACN through Family Code §261.3017, requiring DFPS to consult with child abuse pediatricians in complex medical cases when determining whether abuse or neglect occurred.

FACN consists of a network of medical center sites staffed by board-certified physicians with expertise in identifying medical indicators of maltreatment. The network offers 24-hour support to CPI staff via a toll-free number and web-based system.

## ***Military Bases***

CPI has established written agreements with military base commanders to ensure 24/7 access for investigating reports of child abuse and neglect involving families living on base. These agreements also facilitate coordination of counseling and other services for CPI clients and outline protocols for information sharing and confidentiality. Agreements are reviewed periodically and updated as needed to maintain effective collaboration.

### **I. If the division or program works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.**

DFPS collaborates extensively with local, regional, state, and federal entities to support its mission and avoid duplication of services. These partnerships span child welfare, law enforcement, judicial systems, nonprofit organizations, and community-based care networks. The agency formalizes many of these relationships through MOUs, interagency agreements, and joint initiatives to ensure effective coordination. Below are key partnerships and their roles in supporting DFPS programs.

## **Administration for Children and Families**

Administration for Children and Families (ACF) is a federal agency that funds state, territory, local, and tribal organizations to provide child welfare services. DFPS receives support through programs such as the Child Abuse Prevention and Treatment Act (CAPTA), which funds prevention, assessment, and treatment of child abuse and neglect. ACF also administers Title IV-E, under which DFPS receives federal matching funds for adoption assistance. In return, DFPS must meet federal requirements, including disclosure of information related to child fatalities and near-fatalities. ACF conducts audits and reviews of funded programs and provides grants for demonstration projects.

## **Court System**

DFPS works closely with county and district courts to ensure judicial oversight of decisions affecting child safety. CPI may seek court orders to remove a child from their home by filing a suit affecting the parent-child relationship. If the court grants conservatorship to DFPS, the case remains under court jurisdiction until the child is reunified, adopted, reaches adulthood, or is placed with another conservator. DFPS must also notify the court of significant events involving children in its care, including jurisdictional changes, placements in CPS offices, and medical consent changes.

## Children's Commission

The Texas Supreme Court's Permanent Judicial Commission for Children, Youth and Families – commonly known as the Children's Commission – was established in 2007 to improve court performance in child welfare cases. The Children's Commission oversees federally funded Court Improvement Program (CIP) projects and includes members from DFPS, the judiciary, legal and advocacy communities, and stakeholders in child protection. The Children's Commission supports a wide range of initiatives, including legal training, data sharing, and policy reform. In the past year, it supported statewide regional trainings on TFF and reasonable efforts.

## Human Trafficking and Child Exploitation Partnerships

*Commercially Sexually Exploited Youth (CSEY) Advocate Agencies:* DFPS establishes MOUs with CSEY advocate agencies to provide 24/7 crisis response and ongoing support to youth survivors up to age 22. These nonprofits work alongside DFPS, law enforcement, and other partners while maintaining a non-duplicative, survivor-centered approach.

*Office of the Attorney General:* DFPS participates in the Texas Human Trafficking Prevention Task Force and the Human Trafficking Prevention Coordinating Council, both led by the Office of the Attorney General. DFPS contributes to policy development and legislative recommendations through these forums.

*Faith-Based Initiatives:*

*GRACE (Governor's Response Against Child Exploitation):* In partnership with the Office of the Texas Governor, DFPS supports GRACE to mobilize faith communities to prevent child exploitation and increase service capacity.

*Light the Way - Faith in Action:* DFPS collaborates with Shared Hope International to educate faith leaders and equip communities with tools to prevent trafficking and protect vulnerable children.

*ACF Region VI Human Trafficking Workgroup:* DFPS leads this regional workgroup to strengthen collaboration across states – Arkansas, Louisiana, New Mexico, Oklahoma, and Texas – to enhance trafficking prevention and response efforts and reduce duplication of services.

### **J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.**

Family Code §264.406 requires coordination with MDTs and CACs for certain types of investigations. While this collaboration supports a trauma-informed approach, it can create barriers to meeting mandated face-to-face contact time frames. In some cases, CACs lack the capacity to conduct child interviews within the required time frames, delaying CPI's ability to initiate timely contact and potentially impacting case outcomes.

In accordance with Texas Family Code §262.402, DFPS is working to optimize the use of TFF services and ensure they are reaching the families who can benefit most. Due to statutory parameters around eligibility and court-ordered participation, there have been limitations on service utilization. The 89th Legislative Session addressed this by allowing for additional candidacy categories, helping to make better use of available capacity.

**K. Provide any additional information needed to gain a preliminary understanding of the division or program.**

Not applicable.

**L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:**

*Why the regulation is needed*

*The scope of, and procedures for, inspections or audits of regulated entities*

*Follow-up activities conducted when non-compliance is identified*

*Actions available to the agency to ensure compliance*

*Procedures for handling consumer/public complaints against regulated entities*

CPI is not a regulatory program.

**M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.**

Not applicable.

## VII. Guide to Agency Divisions and Programs – Child Protective Services

### A. Provide the following information at the beginning of each description.

**Name of division or program:** Child Protective Services

**Location within the agency:** Deputy Commissioner of Programs

**Contact name:** Erica Bañuelos, Associate Commissioner

**Statutory citation:** Chapter 40, Texas Human Resources Code; Title 5, Texas Family Code

### B. What is the objective of this division or program? Describe its major activities.

CPS protects children who have experienced abuse or neglect and promotes their long-term safety, stability, and well-being. The program helps ensure children live in safe, nurturing environments and works to preserve families by promoting reunification and prioritizing family involvement whenever possible, while always acting in the best interest of the child. CPS provides services and case management that engage parents and other family members in addressing the issues that led to abuse or neglect.

CPS major activities include:

- Providing case management and services to support children and families in their own homes.
- Coordinating placements for children who cannot safely remain at home, including kinship and foster care.
- Providing case management and services to children and families while children are removed from their homes, addressing safety concerns, and working with families.
- Coordinating with the courts to ensure the children's safety and well-being are prioritized in legal proceedings.
- Helping children achieve permanency through family reunification, adoption, or other permanent living arrangements.
- Providing services to help youth in foster care successfully transition to adulthood.

A CPS case begins after the investigation stage concludes. In cases for which CPI determines additional interventions are needed to address safety concerns and makes a referral, the case either moves to FBSS or into Conservatorship.

### Family-Based Safety Services

If a family is determined to be at high or very high risk of future abuse or neglect, and the family is willing to voluntarily participate in a safety plan, the family will be offered FBSS. FBSS is used to prevent or eliminate the need for court-ordered removal of children from the home while the parents participate in services to address the identified safety issues. During an FBSS case, most children remain in the home while FBSS caseworkers assist the family to address safety and/or risk concerns. In circumstances where children cannot safely remain in the home, they may live elsewhere temporarily with relatives or close family friends in what is called a Parental Child Safety Placement (PCSP) until it is safe for them to return home.

FBSS can provide a family with a variety of services, either directly or by contracted service providers. If services are necessary to address safety issues but a family is unwilling to voluntarily participate in FBSS services, the agency may file a Motion to Participate (MTP) and ask the court to order the family to participate in services.

FBSS services may include:

- Family counseling.
- Crisis intervention.
- Parenting classes.
- Substance abuse treatment.
- Domestic violence intervention.
- Day care.

### ***Conservatorship***

If either CPI or CPS determines during an investigation or while providing FBSS that it is not safe for a child to remain at home and there is no viable safety plan and/or the family is unwilling to voluntarily participate in services, the agency may petition the court for removal. If the court grants the petition, children are placed in conservatorship as a temporary living arrangement until a safe and appropriate permanent placement can be secured.

Conservatorship placements can include:

- Kinship care.
- Foster family setting.
- General residential operations.
- Residential treatment settings.
- Adoptive homes.
- Independent living settings.

Although DFPS is the legal conservator of the child, conservatorship services are delivered either by CPS staff in state-operated regions or by the designated SSCC in CBC areas (see the CBC section of this report for more details).

### **Family Reunification Services**

CPS provides reunification services to families immediately before and after a child returns home from an out-of-home placement, while DFPS still has legal conservatorship of the child. The purpose of reunification services is to provide support to the family and the child during the child's transition from having been previously removed and living elsewhere to once again living at home. CPS provides family reunification services directly or through contracted providers.

### **Kinship Care Services**

Kinship care is the first choice for children in DFPS conservatorship. Kinship care is when relatives or other fictive kin care for a child who cannot live safely with a parent. Kinship placements meet children's needs for safety while preserving connections to family, community, and culture. These

placements are preferred under federal and state law when they are possible. Children in kinship placements have shorter stays in conservatorship, fewer placement disruptions, and better outcomes compared with children in traditional, paid foster care.

## Adoption Services

When a child cannot be reunified with parents or legal custody transferred to a related or unrelated person without termination of parental rights, DFPS identifies the best permanent home possible for children in conservatorship and provides the child with services and support to prepare them to be adopted by a relative or non-relative caregiver. After the adoption is consummated by the court of jurisdiction, DFPS may provide post-adoption services to support the ongoing stability of the family.

**C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.**

LBB and internal measures provided in the “Agency Program Information” spreadsheet, data source, and methodology listed below.

Measures of Effectiveness	Data Source	Methodology
<b>LBB</b>		
2.1 OC 21 - CPS Caseworker Turnover Rate - FBSS (excludes PCSP)*	IMPACT, CAPPS	Using the SAO methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.
2.1.1 EF 4 - CPS Daily Caseload per Worker: Family Based*	IMPACT, CAPPS	Divide the year-to-date sum of all daily case counts (specific stage types assigned to case-carrying workers) by the sum of all daily caseworker counts (case carrying workers with at least one selected stage type as primary assignment). Stages included are: Intake (INT), if not progressed to INV in the same day; Investigation (INV); Family Preservation (FPR); Sub Care (SUB), including children reunified; Family Sub Care (FSU); Adoption (ADO); Foster/Adopt Home Development (FAD), if approved or receiving casework services; and Kinship (KIN). Reported by seven Caseworker Types: CPI/RCCI/DCI investigators, FBSS, SUB, FAD, and KIN.

Measures of Effectiveness	Data Source	Methodology
<b>Internal</b>		
FBSS Opened	IMPACT	Number of Family Preservation (FPR) stages opened during the reporting period.
FBSS Closed	IMPACT	Number of FPR) stages closed during the reporting period.
FBSS Days to Closure	IMPACT	Of those FPR stages closed during the period, average number of days they were open (i.e., end date minus start date).
FBSS: Families Served by Region	IMPACT	Count of families served broken out by region for all FBSS services.
FBSS: Family Reunification Cases Closed by Region	IMPACT	Count of family reunification stages closed during the period broken out by region.
12 Month Recidivism on FBSS Stages Closed with No Further CPS Involvement (%)	IMPACT	Children with FPR stage closed for reason other than opening a case in sub care who had a subsequent confirmed allegation or case open for ongoing services within 12 months. Number of children who have an open SUB stage OR are confirmed victims in an investigation OR are principals in an open FPR stage within 12 months of the closure of an FPR stage that was not opened to SUB/Number of children that were principals in FPR stages closed 12 months ago and not opened to SUB.
<b>LBB</b>		
2.1 OC 5 - Percent of Investigations opened to FPR Stages	IMPACT	Divide the number of completed child abuse/neglect investigations that were closed to open a FPR stage during the reporting period (numerator) by the total number of investigations of child abuse/neglect completed during the reporting period (denominator) and multiply by 100 to achieve a percentage. Count the investigation only once regardless of the number of children.



Measures of Effectiveness	Data Source	Methodology
2.1 OC 6 - Percent of Investigations that Lead to Conservatorship	IMPACT	Divide the number of completed child abuse/neglect investigations in which a child entered the conservatorship of the state during the reporting period (numerator) by the total number of investigations of child abuse/neglect completed during the reporting period (denominator) and multiply by 100 to achieve a percentage. Count the investigation only once regardless of the number of children removed.
2.1 OC 7 - New CPS Intervention within 12 Months of Family Reunification	IMPACT	Divide the number of children who exited conservatorship to reunification in the year prior to the reporting period who are the confirmed victim of an abuse/neglect investigation, removed from the home, or in a subsequent stage opened to family preservation services within 12 months of the prior discharge (numerator) by the number of children who exited substitute care to reunification in the year prior to the reporting period (denominator) and multiply by 100 to achieve a percentage.
2.1 OC 8 - % Legal Resolution in 12 Months*	IMPACT	Divide the number of children who achieved legal resolution within 12 months by the total number of children with legal resolution.
2.1 OC 9 - Percent of Children with Permanency in 12 months	IMPACT	From IMPACT data, on the last day of the reporting period, divide the number of children who exited to permanency during the 12-month period and who had been in that episode of DFPS legal responsibility less than 12 months (numerator) by the number of exits to permanency during the 12-month period (denominator) and multiply by 100 to achieve a percentage.
2.1 OC 10 - Percent of Children with Permanency in 12 to 18 months	IMPACT	From IMPACT data, on the last day of the reporting period, divide the number of children who exited to permanency during the 12-month period and who had been in that episode of DFPS legal responsibility from 12 to 18 months (numerator) by the number of exits to permanency during the 12-month period (denominator) and multiply by 100 to achieve a percentage.



Measures of Effectiveness	Data Source	Methodology
2.1 OC 11 - Percent of Children with Permanency in 18+ months	IMPACT	From IMPACT data, on the last day of the reporting period, divide the number of exits to permanency during the 12-month period (numerator) by the number of children who had been in that episode of DFPS legal responsibility for more than 18 months (denominator) and multiply by 100 to achieve a percentage.
2.1 OC 12 - Percent of Children Reunified with Family*	IMPACT	Divide the number of children who exited CVS to family reunification by the total number of children who exited CVS during FY.
2.1 OC 13 - Of those not reunified, Permanency to Relative/Fictive Kin (%)*	IMPACT	Of the children who did not reunify, what percentage exited conservatorship to Permanency to Relative/Fictive Kin.
2.1 OC 14 - % Children in DFPS Conservatorship until Age of Majority	IMPACT	Divide the number of children who leave DFPS and have reached the age of majority or their legal status is equal to emancipation during the reporting period (numerator) by the total number of children who left DFPS conservatorship in the reporting period (denominator) and multiply by 100 to achieve a percentage. A child achieves the age of majority when he or she turns 18 years old, or when the child is granted legal emancipation by the court before he or she turns 18. This measure could increase as a result of permanency legislation if courts give DFPS permanent managing conservatorship of more children rather than seeking legal resolution by terminating parental rights or seeking to transfer conservatorship to other family members.
2.1 OC 15 - % of children with TPR (ALL) who are adopted within 12 mos.	IMPACT	Divide the total number of children that have a legal status of adoption consummated during the year whose adoptions were consummated within 12 months of the termination of parental rights (numerator) by the total number of children whose adoptions were consummated during the reporting period (denominator) and multiply by 100 to achieve a percentage.

Measures of Effectiveness	Data Source	Methodology
2.1 OC 16 - Average Length of Time to Permanency in Months	IMPACT	Divide the sum of the calculated time in months in out-of-home care for all children exiting care during the reporting period to reunification, adoption or relative PMC (numerator) by the unduplicated number of children exiting care during the reporting period (denominator). Children and placements are unduplicated.
2.1 OC 17 - Average Length of Time to Reunification in Months	IMPACT	Divide the sum of the calculated time in months in substitute care for all children exiting care during the reporting period to reunification (numerator) by the unduplicated number of children exiting care during the reporting period (denominator). Children and placements are unduplicated.
2.1 OC 18 - # of Placement Moves per 1,000 Days in Sub Care	IMPACT	Divide the number of placement moves that all children in substitute care had during the fiscal year (numerator) by the number of days children spent in substitute care during the fiscal year (denominator) and multiply by 1,000 to achieve a count of placement changes per 1,000 days in substitute care.
2.1 OC 19 - Rate of abuse/neglect per 100,000 days in Sub Care	IMPACT	Divide the unduplicated number of children in substitute care during the reporting period who were confirmed victims of abuse/neglect by a substitute care provider in an investigation completed during the reporting period (numerator) by number of days children in DFPS custody spent in substitute care during the reporting period (denominator) and multiply by 100,000 to achieve a rate of victimization per 100,000 days in substitute care. Should the federal methodology change, the agency will work with LBB to update the measure definition in ABEST.
2.1 OC 22 - CPS CVS Caseworker Turnover Rate*	IMPACT, CAPPS	Using the SAO methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.

Measures of Effectiveness	Data Source	Methodology
2.1.1 OP 8 - # Child Victims in Confirmed CPS Cases	IMPACT	Count the number of children identified as confirmed victims where the investigation stage closure date occurs during the reporting period with a disposition of "RTB." Confirmed victims are identified by the codes "DB" (Designated Victim/Perpetrator) or "DV" (Designated Victim) in IMPACT. The measure counts all confirmed victimizations; therefore, if a confirmed victim is in more than one substantiated investigation, the confirmed victim is counted for each investigation. The annual or year-to-date count will be the sum of all confirmed victims during the reporting period.
2.1.1 OP 9 - Average Number of DFPS Children Per Month in Out-of-Home Care	IMPACT	Divide the total number of children in a living arrangement other than their own home each month of the reporting period (numerator) by the number of months in the reporting period (denominator). DFPS conservatorship is determined by legal status. The living arrangement and placement dates as recorded in the child's placement record in IMPACT further identify the children to be counted. Youth who have aged out of DFPS conservatorship but remain in paid foster care are counted as children for the purposes of this measure. When calculating the second quarter, third quarter, and fourth quarter, the year-to-date total is recalculated.
2.1.1 OP 11 - Average Number of Children in DFPS Conservatorship Per Month	IMPACT	Divide the sum of the unduplicated number of children in DFPS conservatorship for each month of the reporting period (numerator) by the number of months in the reporting period (denominator). When calculating the second quarter, third quarter, and fourth quarter, the year-to-date total is recalculated.
2.1.1 OP 12 - # Children in Conservatorship with Confirmed Abuse/Neglect	IMPACT	Count the children in substitute care who were confirmed victims of an abuse/neglect investigation that closed during the reporting period.

Measures of Effectiveness	Data Source	Methodology
2.1.1 EF 5 - CPS Daily Caseload per Worker: Substitute Care*	IMPACT, CAPPS	Divide the year-to-date sum of all daily case counts (specific stage types assigned to case-carrying workers) by the sum of all daily caseworker counts (case carrying workers with at least one selected stage type as primary assignment). Stages included are: INT (if not progressed to INV in the same day), INV, FPR, SUB (including children reunified), FSU, ADO, FAD (if approved or receiving casework services), and KIN. Reported by seven Caseworker Types: CPI/RCCI/DCI investigators, FBSS, SUB, FAD and KIN.
2.1.1 EF 8 - CPS Average Daily Child Count: Substitute Care	IMPACT, CAPPS	This measure provides the average daily unduplicated Child Count in SUB and ADO stages for CPS substitute care caseworkers. Divide the numerator (sum of all daily child counts) for the reporting period by the denominator (sum of all daily caseworker counts) during the reporting period.
2.1.1 EX 2 - Average # DFPS Children in Residential Facilities	IMPACT	The numerator for this measure is the sum of the total number of children in DFPS conservatorship in contracted residential non-family-like settings each month during the reporting period.  The denominator for this measure is the number of months in the reporting period. Divide the numerator by the denominator.
2.1 OC 24 - CPS Caseworker Turnover Rate - FAD*	IMPACT, CAPPS	Using the SAO methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.
2.1.1 OP 10 - # DFPS Children Adopted*	IMPACT	Number of children in the legal responsibility of DFPS whose adoptions were consummated during the FY.

Measures of Effectiveness	Data Source	Methodology
2.1.1 EF 6 - CPS Daily Caseload per Worker: Foster/Adopt*	IMPACT, CAPPS	Divide the year-to-date sum of all daily case counts (specific stage types assigned to case-carrying workers) by the sum of all daily caseworker counts (case carrying workers with at least one selected stage type as primary assignment). Stages included are: INT (if not progressed to INV in the same day), INV, FPR, SUB (including children reunified), FSU, ADO, FAD (if approved or receiving casework services), and KIN. Reported by seven Caseworker Types: CPI/RCCI/DCI investigators, FBSS, SUB, FAD, and KIN.
2.1.1 EX 1 - Average # DFPS Children in Foster Homes	IMPACT	<p>All children in DFPS conservatorship and residing in DFPS or child placing agency (CPA) foster family or foster group homes are counted in this measure. This includes children living in foster/adopt homes.</p> <p>The numerator for this measure is the sum of the total number of children in DFPS conservatorship in foster family or foster group homes each month during the reporting period.</p> <p>The denominator for this measure is the number of months in the reporting period. Divide the numerator by the denominator.</p>
<b>Internal</b>		
Children New to Substitute Care	IMPACT	Number of distinct children in substitute care under age 18 who were removed from their own home during the reporting period. Excludes deceased children and children with the following placement living arrangements: Child's Own Home, Non-custodial Parent's Home, Independent Living Arrangement, Unauthorized Absence from Foster Care, Left in Home, Runaway, and None. Removals can occur in INV, FPR, FSU, or FRE stages.

Measures of Effectiveness	Data Source	Methodology
Legal Status of Children in DFPS Legal Responsibility (Aug 31) - Care, Custody, & Control (CCC)	IMPACT	Number of children in DFPS custody with a legal status of Care, Custody, and Control at end of fiscal year (August 31). A court may order this legal status instead of Temporary Managing Conservatorship. This order provides legal authority for DFPS to ensure a child's safety and meet a child's basic needs for shelter, food, and education.
Legal Status of Children in DFPS Legal Responsibility (Aug 31) - Temporary Managing Conservatorship (TMC)	IMPACT	Number of children in DFPS custody with a legal status of TMC at end of fiscal year (August 31). When a court orders TMC to DFPS, DFPS can exercise specific rights including but not limited to the right to have physical possession of the child along with specific responsibilities including but not limited to the duty of care, control, and protection of a child, the right to designate the primary residence of the child and the right to make decisions concerning the child's health care and education.
Legal Status of Children in DFPS Legal Responsibility (Aug 31) - Permanent Managing Conservatorship (PMC)	IMPACT	Number of children in DFPS custody with a legal status of PMC at end of fiscal year (August 31). When a court orders PMC to DFPS, the parental rights of one or both parents could be terminated or remain intact. The rights and duties of DFPS are generally the same as with TMC.
Legal Status of Children in DFPS Legal Responsibility - Possessory Conservatorship	IMPACT	Number of children in DFPS custody with a legal status of Possessory Conservatorship (PC) at end of fiscal year (August 31). When a court orders PC of a child to DFPS, DFPS has the specific rights and duties enumerated in the court's order.
Children in Substitute Care Placements by Type of Placement	IMPACT	Count children on the last day of the period (Aug 31 for FY) broken out by living arrangements grouped into placement types.
Permanency Goal of Children in Substitute Care whom DFPS had Legal Responsibility	IMPACT	Break out permanency goals by children in substitute care on last day of the period (snapshot).

Measures of Effectiveness	Data Source	Methodology
Monthly Face-to-Face Contacts with Children in Substitute/Adoption Stage Children w/ Monthly Contact FY24 Q4 (actual and percentage)	IMPACT	Monthly Average Face-to-Face Contacts with Children in Substitute/Adoption Stage Children w/Monthly Contact FY24 Q4
Monthly Face-to-Face Contacts with Children in Substitute/Adoption Stage Children w/o Monthly Contact FY24 Q4 (percent)	IMPACT	Monthly Average Face-to-Face Contacts with Children in Substitute/Adoption Stage Children w/o Monthly Contact FY24 Q4
Children in Kinship Placements	IMPACT	Percentage of children in kinship placement on last day of period (snapshot).
Children Without Placement Total Unique Children - August 2024	IMPACT	Count of distinct children with living arrangement "DFPS Supervision" during the month of August. Some children may have experienced multiple CWOP events during the month.
Children Without Placement Total Average Daily CWOP Census - August 2024	IMPACT	Average daily count of children with living arrangement "DFPS Supervision" during the month of August.
Age of Children Without Placement 10 to 13 years	IMPACT	Count of distinct children with living arrangement "DFPS Supervision" ages 10-13.
Age of Children Without Placement 14 to 15 years	IMPACT	Count of distinct children with living arrangement "DFPS Supervision" ages 14-15.

Measures of Effectiveness	Data Source	Methodology
2.1 OC 1 - % CPI Priority 1 Reports Initiated Within 24 hrs	IMPACT	Divide the total number of unduplicated CPS reports designated as P1 in the intake stage for which an investigation was initiated within 24 hours of being reported to DFPS where the investigation was completed during the reporting period (numerator) by the total number of unduplicated CPS reports designated as P1 in the intake stage where the investigation completion date is during the reporting period (denominator). In order to ensure the reports are unduplicated, do not include merged reports. Multiply by 100 to achieve a percentage.
2.1 OC 4 - Incidence of Confirmed Child Abuse per 1,000 TX Children	IMPACT	Divide the number of children identified as confirmed victims in completed CPS investigations for which a disposition of 'RTB' (indicating confirmed) has been determined substantiating the allegations of abuse/neglect in the reporting period (numerator) by the Texas child population during the reporting period divided by 1,000 (denominator).
2.1 OC 20 - INV Caseworker Turnover Rate*	IMPACT, CAPPS	Using the SAO methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.
2.1.1 OP 1 - # Completed CPI Child Abuse/Neglect Investigations*	IMPACT	Number of CPI child abuse/neglect investigations completed during the FY. The intake may have been received in prior FY.
2.1.1 OP 4 - # Completed Alternative Response Stages*	IMPACT	Number of Alternative Response stages completed during the FY. The intake may have been received in prior FY.
Age of Children Without Placement 16 to 17 years	IMPACT	Count of distinct children with living arrangement "DFPS Supervision" ages 16-17.
Percent of all children who had a CWOP event in Conservatorship for less than one year - August 2024	IMPACT	Percent of all children who had a CWOP event (placement event with living arrangement "DFPS Supervision" for more than one night) who were in conservatorship for less than one year divided by the total number of children who had a CWOP event (August 2024).



Measures of Effectiveness	Data Source	Methodology
Percent of all children who had a CWOP event who were removed due to Refusal to Accept Parental Responsibility - August 24	IMPACT	Percent of all children who had a CWOP event (placement event with living arrangement “DFPS Supervision” for more than one night) whose current removal episode included the confirmed allegation “Refusal to Accept Parental Responsibility” divided by the total number of children who had a CWOP event (August 2024).
Top 5 Needs for Children/ Youth who had a CWOP Event - August 2024	IMPACT	All CWOP events within the time period and the percent of the events where a child without placement was identified as having that need.
Subsequent CWOP Event for CWOP Events Ending in May 2024	IMPACT	Looking at those children who had a CWOP event in May 2024 to see how many of them had a subsequent CWOP event during the months following up to the date of the report run.
Conservatorship Exits from DFPS Responsibility: Other	IMPACT	Percentage of children who exit DFPS legal responsibility by exit type other than Permanency (Reunification, Adoption, PMC to Relatives) during the report period. “Other” includes children absent without permission, children in court-ordered or independent living placements, children for whom conservatorship was never obtained, and children with a missing discharge reason.
Conservatorship Exits from DFPS Responsibility: Emancipated	IMPACT	Percentage of children who exit DFPS legal responsibility to Emancipation or by aging out of care during the report period.
Conservatorship Exits from DFPS Responsibility: Non-Relative Adoption	IMPACT	Percentage of children who exit DFPS legal responsibility to Non-Relative Adoption during the report period.
Conservatorship Exits from DFPS Responsibility: Relative Adoption	IMPACT	Percentage of children who exit DFPS legal responsibility to Relative Adoption during the report period.
Conservatorship Exits from DFPS Responsibility: Relative/Fictive Kin Custody Non-PCA	IMPACT	Percentage of children who exit DFPS legal responsibility to Relative/Fictive Kin Custody without expectation of Permanency Care Assistance (no PCA) during the report period.

Measures of Effectiveness	Data Source	Methodology
Conservatorship Exits from DFPS Responsibility: Relative/Fictive Kin Custody PCA	IMPACT	Percentage of children who exit DFPS legal responsibility to Relative/Fictive Kin Custody with the expectation of Permanency Care Assistance (PCA) during the report period.
Conservatorship Exits from DFPS Responsibility: Returned Home	IMPACT	Percentage of children who exit DFPS legal responsibility to parent reunification or returned home during the report period.
<b>LBB</b>		
2.1.9 OP 1 - Avg Mo # Foster Care FTEs*	IMPACT	Full time equivalents (FTEs) are calculated by dividing the number of paid foster care days in a month by the days in the month.
2.1.9 OP 2 - % Children (FTEs) Served in CBC Foster Care*	IMPACT	Divide the sum of children (FTEs) in foster care placements paid to CBC contractors divided by all paid foster care children (FTEs) during FY.
2.1.9 EF 1 - Avg Mo Payment/Foster Care FTE*	IMPACT	Divide the cost of paid foster care payments per month by the average monthly number of FTEs in paid foster care.
2.1.9 EX 1 - # Children Paid Foster Care	IMPACT	Count the number of unduplicated clients (i.e. Fulltime Equivalents - FTEs) who received foster care for the fiscal year.
2.1.10 OP 1 - Average Mo # Adoption Subsidies*	IMPACT	Average monthly number of individual children receiving adoption subsidy payments made during FY.
2.1.10 OP 2 - Avg Mo # of Children: Permanency Care Assistance*	IMPACT	Average monthly number of children receiving permanency care assistance payments made during FY.
2.1.10 EF 1 - Avg Mo Payment: Adoption Subsidy*	IMPACT	Average monthly expenditures for adoption subsidies divided by the average monthly number of subsidy payments made (2-1.10 OP 1).
2.1.10 EF 2 - Avg Mo Payment: Permanency Care Assistance Pmts*	IMPACT	Average monthly PCA expenditures divided by the average monthly number of PCA payments made (2-1.10 OP 2).

Measures of Effectiveness	Data Source	Methodology
2.1 OC 23 - CPS Caseworker Turnover Rate - KIN*	IMPACT, CAPPS	Using the SAO methodology: Total number of annual year-to-date separations divided by the average quarterly number of employees. Multiply by 100 to get a percentage.
2.1.1 EF 7 - CPS Daily Caseload per Worker: Kinship*	IMPACT, CAPPS	Divide the year-to-date sum of all daily case counts (specific stage types assigned to case-carrying workers) by the sum of all daily caseworker counts (case carrying workers with at least one selected stage type as primary assignment). Stages included are: NT (if not progressed to INV in the same day), INV, FPR, SUB (including children reunified), FSU, ADO, FAD (if approved or receiving casework services), and KIN. Reported by seven Caseworker Types: CPI/RCCI/DCI investigators, FBSS, SUB, FAD, and KIN.
2.1.11 OP 1 - Avg Mo # Children (FTE): Daily Caregiver Monetary Assistance Pmts*	IMPACT	Average monthly number of individual children receiving Caregiver Monetary Assistance (RODC) payments during FY.
2.1.11 OP 2 - Avg Mo # of Post-Permanency Payments*	IMPACT	Divide the sum of the number of Post Permanency Payments made to individual children by the number of months (12 for FY).
2.1.11 EF 1 - Avg Mo Cost Caregiver Monetary Assistance*	IMPACT	Average monthly expenditures for RODC divided by the average monthly number of children receiving RODC payments (2-1.11 OP 1).
DFPS Rider 15 Report for Community-Based Care, March 2025	IMPACT	Contains a narrative report along with data and financial attachment. The Data Attachment has three sections, each with active contractor, overall statewide, and non-CBC statewide counts: A) Limited number of LBB Performance Measures; B) CBC Contract Performance Measures (Foster Care - Paid Placements); C) CBC Contract Performance Measures (Conservatorship).
2.1.2 EX 1 - # CPS Caseworkers Trained - INV, AR, FBSS, CVS (CPD*)	IMPACT, CAPPS	Number of CPS case workers who completed Continuing Professional Development training (CPD) during the FY.

\* Key LBB measures

## Quality Assurance

### ***CPS Federal and State Quality Assurance (FSQA) Division***

The FSQA Division conducts quarterly case reviews across DFPS Alternative Response, FBSS, and Conservatorship programs modeled after the federal Child and Family Services Review (CFSR) process.

Using the federal CFSR Onsite Review Instrument, the team selects a statistically valid, random sample of cases each quarter. These reviews assess how casework aligns with child welfare practice standards and the impact of those practices on child and family outcomes. Each case is debriefed with field staff, and findings are compiled into regional and statewide reports. These results are disseminated to CPS leadership and staff and are used to inform practice adjustments and training priorities. FSQA staff also partner with regional leadership to implement targeted strategies that promote improved outcomes for children and families.

Additionally, this team coordinates the federal CFSR onsite reviews, which occur approximately every five years, and manages the required Program Improvement Plan process following each federal review.

### ***Adoption and Foster Care Analysis and Reporting System***

DFPS is required to submit case-level data through the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), overseen by the Children's Bureau within the U.S. Department of Health and Human Services. AFCARS collects standardized data on children in foster care and those adopted under Title IV-E. In 2020, federal regulations were revised to expand the data reporting requirements and file structure.

To comply with these expanded requirements, DFPS established an AFCARS Workgroup composed of representatives from various divisions. This group monitors compliance, resolves technical data mapping issues between Texas's IMPACT system and federal definitions, and ensures timely resubmissions and corrections as needed to avoid federal penalties.

### ***Other Quality Assurance***

CPS also conducts other targeted quality assurance reviews, including reviews to ensure that all children and youth in conservatorship are informed of their rights and case reads to ensure that all caregivers to children in DFPS conservatorship are informed of important history for children placed in their care.

**D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.**

#### **2017**

DFPS launches Treatment Foster Family Care (TFFC) to provide innovative, multi-disciplinary treatment services to a child in a highly structured family home environment. The goal is to stabilize children at risk of placement in a congregate care setting or psychiatric hospital who experience emotional, behavioral, and/or mental health difficulties.

HB 4 amends the Relative and Other Designated Caregiver (RODC) Program to provide a monthly assistance payment to caregivers with incomes at or below 300 percent of the federal poverty level. HB 7 makes significant changes to child welfare proceedings, such as clarifying roles of attorneys ad litem and guardians ad litem.

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## 2019

The Legislature increases funding for CPS direct delivery staff to \$1.6 billion, up from a \$1.4 billion base, to support staffing needs, including services provided through CBC. This funding directly resulted in a reduction in caseloads for CPS caseworkers.

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## 2021

HB 5 is signed into law, allocating \$90 million in additional foster care funding over two years, and is intended to expand capacity and support high-need placements, including expansion of TFFC.

HB 2926 established a legal process allowing parents, DFPS, a child's attorney ad litem, or other authorized parties to petition for reinstatement of parental rights that were previously terminated.

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## 2023

The Legislature appropriated:

- \$12 million to the University of Texas for statewide expansion of Heart Galleries and post-adoption services during the 88th Legislature.
- \$21.1 million for the Inpatient Psychiatric Stabilization Program (IPSP), a time-limited program to increase capacity for youth with complex mental health needs.
- \$20 million for evidence-based services to families at imminent risk of removal, with the goal of preventing removals and reducing the number of children entering foster care.

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## 2025

The Legislature continues funding of \$6 million per year for the Heart Galleries of Texas through the University of Texas's Center for Societal Impact to support expansion efforts and post-adoption services statewide.

**E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.**

### Family-Based Safety Services

A family is eligible for FBSS if:

- There are safety concerns, but the child can safely remain in the home while the parents participate in a voluntary safety plan that is signed and agreed upon by the agency.
- The parents, and sometimes a third-party safety monitor such as a family friend or relative, temporarily moves into the home to supervise contact between the parents and child.

- There are no immediate safety concerns that would necessitate a safety plan; however, during the risk assessment (described in the CPI section of this report) the risk level is high or very high, and it is determined the family needs supportive services to address challenges the family may be facing.
- There is an MTP that requires the parent or legal guardian to participate in FBSS.

Demographics of Children Receiving FBSS Services – Age and Gender, Fiscal Year 2024										
Age	< 2 yrs	3-5 yrs	6-8 yrs	9-11 yrs	12-14 yrs	15-17 yrs	Grand Total	Female	Male	Unknown*
Total	5,954	4,307	3,280	2,600	2,065	1,678	19,884	9,868	9,896	120
Percent	30%	22%	16%	13%	10%	8%	100%	50%	50%	<1%

\*Unknown represents missing entries from the case management system.

[Data Source: Data Book CPS Family Preservation: Children Receiving FPR Services on August 31](#)

Demographics of Children Receiving FBSS Services – Race/Ethnicity, Fiscal Year 2024							
Race/ Ethnicity	Anglo	African American	Hispanic	Native American	Asian	Other	All
Total	3,988	4,692	9,859	17	87	1,241	19,884
Percent	20%	24%	50%	<1%	<1%	6%	100%

[Data Source: Data Book CPS Family Preservation: Children Receiving FPR Services on August 31](#)

Children in FBSS Services at End of Fiscal Year				
FY20	FY21	FY22	FY23	FY24
26,655	11,496	10,971	18,488	19,884

[Data source: CPS - Children Receiving FPR Services on August 31](#)

## Conservatorship

Under the Texas Family Code (primarily §262), CPS can seek removal from a court when:

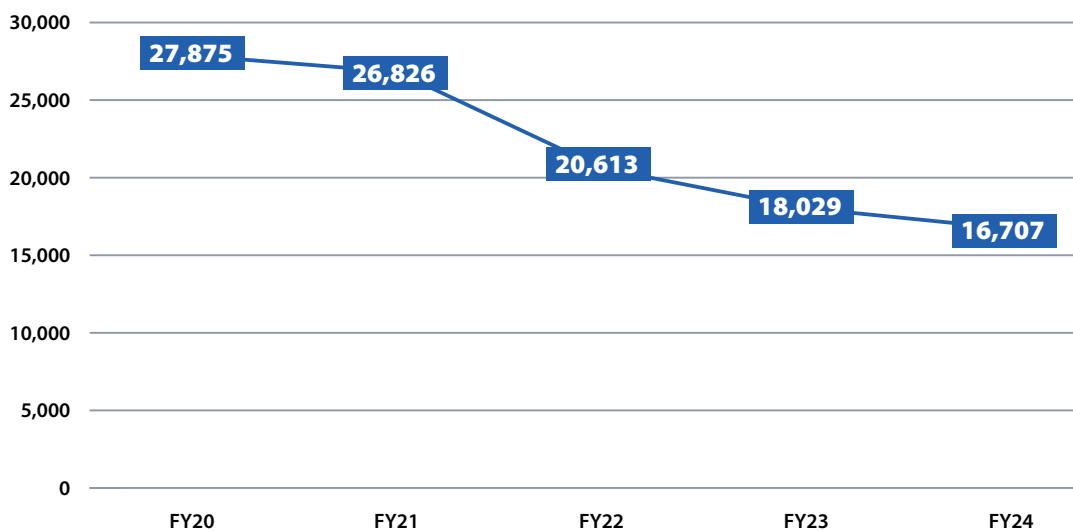
- There is an immediate danger to the physical health or safety of the child caused by an act or failure to act of the person entitled to custody;
- Continuing in the home would be contrary to the child's welfare;

- Other efforts, such as obtaining a kickout or protective order or placing the child with another caregiver through a parental child safety placement, are unavailable, or would not adequately protect the child; and
- Reasonable efforts have been made to prevent or eliminate the need for removal, unless the situation is so urgent that removal must happen immediately.

In emergencies, CPS can remove a child without a court order if there is an immediate danger to the child's physical health or safety, in addition to the other criteria listed above, but CPS must get judicial approval within one working day.

Over the last several years, the number of children in conservatorship has significantly decreased as state statute and DFPS policy and practice have changed. Between FY 2020 and FY 2024, the number of children in conservatorship decreased by 40 percent.

### Children in Substitute Care at End of Fiscal Year



[Data Source: Data Book CPS Placements: Children in Substitute Care on August 31](#)

Of the 16,707 children in DFPS conservatorship on August 31, 2024 (FY24):

- 5,804 children in unverified kinship or fictive kinship placements.
- 9,678 children in licensed residential child care settings, including:
  - » 7,414 children in foster home settings (including kinship and fictive kinship caregivers where the caregiver has become verified through a child placing agency); and
  - » 2,264 children in general residential operations including basic child care, emergency shelters, and residential treatment centers.
- 1,225 children in other conservatorship settings including facilities operated by other state agencies, hospitals, and unauthorized placements.

[Data Source: Data Book CPS Placements: Children in Substitute Care on August 31](#)

### Demographics of Children in Foster Care at End of Year – Age and Gender, Fiscal Year 2024

Age	< 2 yrs	3-5 yrs	6-9 yrs	10-13 yrs	14-17 yrs	18-21 yrs	Grand Total	Female	Male	Unknown
Total	4,677	2,896	2,865	2,544	3,092	633	16,707	8,196	8,510	1
Percent	28%	17%	17%	15%	19%	4%	100%	49%	51%	.01%

Data Source: [Data Book CPS Placements: Children in Substitute Care on August 31](#)

### Demographics of Children in Foster Care at End of Year - Race/Ethnicity, Fiscal Year 2024

Race/ Ethnicity	Anglo	African American	Hispanic	Native American	Asian	Other	All
Total	4,270	4,112	7,182	7	81	1,055	16,707
Percent	26%	25%	43%	.04%	.5%	6%	100%

Data Source: [Data Book CPS Placements: Children in Substitute Care on August 31](#)

% may not = 100 due to rounding

### Exits from DFPS Conservatorship

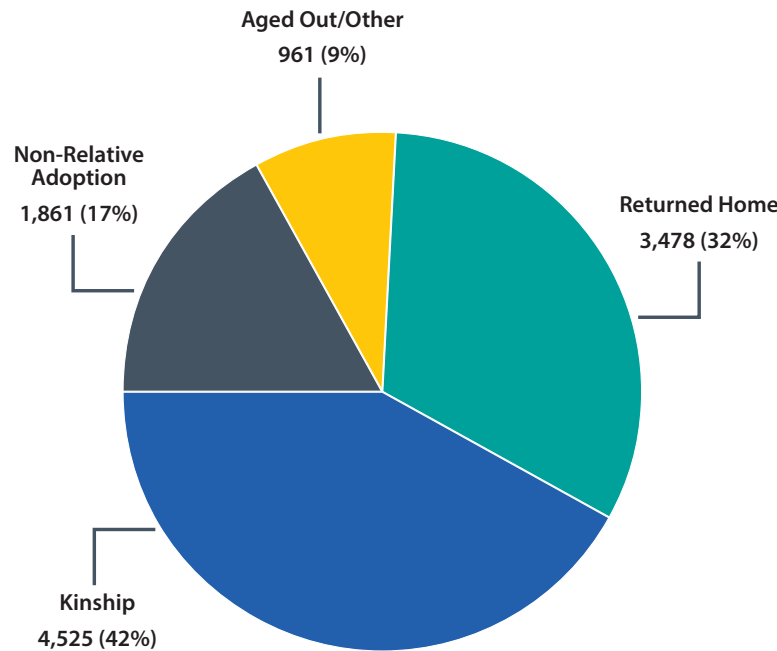
Family reunification is the preferred outcome when children enter conservatorship. For family reunification services to be provided, the following criteria must be met.

- At least one child has been removed from the home.
- The parents have safe living arrangements.
- The parents are working to complete goals listed on the family service plan.
- A target date has been set for the child to make their transition to the home, or the transition process has begun.

When family reunification is not possible, other permanency outcomes, including permanency with kinship caregivers, are pursued. The following chart demonstrates the outcomes for children who exited DFPS conservatorship during FY 2024.



## Exits from DFPS Legal Custody (FY 2024)



\* Other exits include children in court-ordered or independent living placements, children for whom DFPS custody was never obtained, and children with a missing exit reason.

Data Source: [Data Book CPS Conservatorship: Children Exiting DFPS Legal Custody](#)

**F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.**

CPS functions are driven by state laws as indicated in [Child Protective Services Handbook](#) to protect children from abuse and neglect through services, foster care, and adoption.

CPS provides services through two program areas: FBSS and Conservatorship services. Each program is administered through centralized leadership at the State Office and implemented through regional field operations or through an SSCC.

### Family-Based Safety Services

The FBSS program is child safety centered, and family focused. FBSS works in partnership with parents, children, and communities to identify and build upon strengths of the family and provide time-limited services tailored to address identified needs.

As part of the assessment process, the FBSS caseworker completes a Family Strengths and Needs Assessment (FSNA) collaboratively with the family based on concerns identified during CPI's initial involvement. This assessment informs the development of the initial Family Plan of Service and the Family Planning Evaluation, which guides the services provided to support the family's safety and well-being.

Services identified in the FSNA are tailored to address the family’s needs and promote long-term safety and stability in the family home. Services may be offered to any caregiver responsible for the child’s safety, including parents and other household members. These services may be extended to the child to address their individual needs. When possible, referrals are made to community-based programs to address needs such as mental and behavioral health, substance use treatment, domestic violence intervention, and parenting education. In areas where community resources are limited, DFPS maintains contracts with providers to deliver services in the most appropriate and least restrictive modality available – in home, in or near the community, or virtually.

The risk level determined through the most recent risk assessment (categorized as low, moderate, high, and very high) determines the minimum number of visits the FBSS caseworker must make each month:

- Low to moderate risk: At least 1-2 visits per month.
- High to very high risk: 3-5 visits per month.

At least one visit per month must address the family’s progress in the Family Plan of Service and assess parental protective capacities with most visits occurring in the family home. During these visits with the family, the FBSS caseworker provides support to the parents and caregivers to supplement and reinforce the services they are engaged in through community-based programs or contracted service providers.

When assigning cases, FBSS managers and supervisors consider the time required to meet each family’s needs.

If the family becomes uncooperative or chooses not to voluntarily participate in services essential to address child safety, FBSS can petition the court to request that the parents are ordered to participate in services. If services are court ordered, FBSS continues to provide services and oversight as prescribed in policy, with the additional oversight of the court and any appointed legal parties.

The safety and well-being of children remain the paramount concern throughout the FBSS case. FBSS caseworkers continually assess child safety by evaluating both the presence of threats in the home and protective capacities of parents or other primary caregivers in the home. If a safety concern arises at any point, CPS acts immediately to take steps necessary to address the child’s safety concerns through a written safety plan, developing a PCSP with relatives or family friends identified by the parents, petitioning the court to order services for the parents, or, when necessary, recommending removal of the child from the home.

### **Organization and Structure**

FBSS operates in 13 statewide regions, managed by field operations staff under a regional director.

FBSS Caseworkers on Last Day of Fiscal Year				
FY20	FY21	FY22	FY23	FY24
1,028	1,031	1,013	1,018	1,009

*\*Figures reflect employee count and not paid full-time equivalents*

**Conservatorship:** While DFPS first works to prevent removal, when possible, if DFPS determines during involvement with a family that the child cannot remain safely in their own home, DFPS may petition the court with jurisdiction over the case for temporary legal custody or conservatorship. If a child is removed from their home, the family would then work with the CPS Conservatorship (CVS) program or the CBC contractor for conservatorship services designed to address the safety concerns so that the child may safely return home or to achieve other identified permanency goals.

Consistent with CPI and FBSS, conservatorship services operate in 13 statewide regions. Those regions are either operated by a CBC contractor as described in Section 7E, or in areas of the state that have not yet transitioned to CBC, are managed by field operations staff under a regional director. As the state has transitioned to CBC, the number of CVS caseworkers employed by DFPS has decreased.

CVS Caseworkers on Last Day of Fiscal Year				
FY20	FY21	FY22	FY23	FY24
2,256	2,428	2,324	2,163	1,608

*\*Figures reflect employee count and not paid full-time equivalents*

## DFPS Interaction with the Courts and Legal Statuses for Children

DFPS interacts with Texas courts in multiple ways, depending on the type of case and the needs of the child and family. Most child welfare cases are heard in district or county courts exercising jurisdiction over child protection matters, but the agency may also appear in specialized courts – such as child protection courts serving multiple counties or family drug courts addressing substance use issues. Courts provide judicial oversight of DFPS’s work and make legally binding decisions about a child’s care, placement, and permanency.

When a child is removed from their home, the case proceeds under Texas Family Code Chapter 262 (Procedures in Suit by Governmental Entity to Protect Health and Safety of Child). The court reviews the case at specific legal deadlines under Chapter 263 (Review of Placement of Children Under Care of DFPS) to determine the child’s legal status and long-term plan. These statuses define who has decision-making authority and how permanency will be achieved.

Through each stage, the court ensures that permanency decisions are consistent with statute and in the child’s best interest, while holding DFPS accountable for timely, appropriate action toward a safe and stable home.

Common CPS Legal Statuses in Cases	
Active Legal Status	Description
Care, Custody, & Control	Child has been removed due to exigent circumstances, but no hearing has been held, and no written court order has been obtained.
Temporary Managing Conservatorship (TMC)	TMC is a court-ordered temporary relationship between a child and a managing conservator (in IMPACT this always refers to DFPS). It is obtained when a judge signs a temporary order giving the agency conservatorship, which may be at an ex-parte hearing, an adversary hearing, or a show cause hearing. Temporary means that there has not been a final trial and one or both parents still retain their parental rights to the child.
Reunification with a Parent	The court returns the child to one or both parents, dismisses DFPS from the Suit Affecting the Parent-Child Relationship (SAPCR), and closes the legal case (Tex. Fam. Code §§ 263.401, 263.404).
Permanent Managing Conservatorship (PMC)/ Rights not Terminated	PMC is a court-ordered relationship between a child and a managing conservator (DFPS) resulting from a final trial. Rights not Terminated means that the parental rights have not been severed by a court as the result of a final trial.
Permanent Managing Conservatorship (PMC)/ Rights Terminated (All)	PMC/Rights Terminated (All) means that as the result of a final trial the court has ordered a relationship between a child and a managing conservator (DFPS), and the court has severed the parental rights of both parents. In this case, the child is eligible for adoption.
Joint Managing Conservatorship (JMC)	In rare cases, the court may name DFPS and the parents as joint managing conservators (Tex. Fam. Code § 153.005), often when the child needs intensive mental health services and other community services have been exhausted. DFPS and the parents share decision-making responsibilities, and the court provides ongoing oversight through regularly scheduled hearings.
Possessory Conservatorship	Possessory Conservatorship can be either temporary or permanent (after a final trial). It is a court-ordered relationship between a child and a parent, relative, or fictive kin. DFPS is not named possessory conservator. A possessory conservator has fewer parental rights than a managing conservator and those rights are specifically outlined in the court's order.
Adoption Consummation	A child's adoption is consummated in court.

Common CPS Legal Statuses in Cases	
Active Legal Status	Description
FPS Responsibility Terminated	This legal status is used when DFPS is dismissed from the lawsuit after the adversary hearing or if a youth turns 18 while in DFPS conservatorship.

*Please reference Attachment 37.*

## Kinship Care Services

Kinship care services are typically provided by CPS kinship development workers or, in areas under CBC, by the SSCC responsible for kinship support and case management.

The RODC Program was established by the Legislature in 2005 to support kinship caregivers who are caring for children in DFPS conservatorship. The RODC program allows DFPS to provide support services to families, including monetary compensation to eligible kinship caregivers.

Additionally, kinship caregivers are provided with information about becoming verified foster parents. That means kinship caregivers, upon verification, are trained and paid like other foster parents. If eligible, kinship caregivers may become verified and take permanent custody of the child without termination of parental rights through the Permanency Care Assistance (PCA) program. PCA is available to support long-term stability through an ongoing monthly subsidy and access to post-permanency services to the family when a judge issues the final order that dismisses legal responsibility from DFPS.

## Permanency Planning and Placement Functions

Permanency planning at DFPS is guided by the principle of positive permanency – ensuring that children in conservatorship leave care to live in a safe, stable, and legally permanent family setting. Positive permanency is achieved when a child is reunified with parents, adopted, or placed in the permanent custody of another person.

When placement with kinship caregivers is not possible, the next placement should be in a licensed or verified care setting. These settings may include:

- A foster home verified by a child-placing agency licensed by HHSC or, in certain legacy regions, by DFPS;
- A general residential operation licensed by HHSC, such as a cottage-style program, emergency shelter, or residential treatment center; or
- A facility under the regulatory authority of another state agency, such as a hospital.

Achieving permanency is not only about setting a legal goal – it also requires active placement work to secure and maintain safe, stable, and nurturing homes that can meet the child’s needs until permanency is achieved. It is important to reevaluate the child’s permanency goals throughout the case to determine whether the parents, relatives, or fictive kin have addressed issues that would allow reunification or kinship placement.

CPS caseworkers perform several core placement functions as part of this process:

- **Assessing and Matching:** Evaluating the child's needs and matching them with the most appropriate placement resource, prioritizing family and kinship options whenever possible.
- **Maintaining Placement Stability:** Providing support to help caregivers meet the child's needs and avoid disruptions.
- **Coordinating Services:** Ensuring the child and caregiver have access to behavioral health, educational, and other needed support.
- **Facilitating Transitions:** Supporting the child and caregivers during moves to minimize trauma, whether transitioning home, to a relative, or to an adoptive placement.
- **Ongoing Reassessment:** Continuously evaluating whether the current placement remains the least restrictive, most family-like setting appropriate for the child.

When appropriate, CPS also uses specialized placement models to support permanency, such as:

- **Treatment Foster Family Care (TFFC):** Intensive, trauma-informed foster care with highly trained foster parents for children with significant behavioral or emotional needs.
- **Therapeutic Residential Treatment:** Structured, licensed facilities that provide 24-hour care and therapeutic services.

The caseworker must, in accordance with Texas Family Code §263.3026, consider permanency goals in the following order of priority, while ensuring that any placement is in the least restrictive, most family-like setting that can meet the child's needs as required under §264.107:

Permanency Option	Description
Family Reunification	The child returns to live with their parent after the court determines it is safe to do so.
Adoption – Relative/Kinship	Adoption by a relative or someone with an existing relationship with the child, providing a permanent legal family connection.
Adoption – Unrelated	Adoption by a person or family with no prior relationship to the child, establishing a permanent legal family connection.
Permanent Managing Conservatorship (PMC) to a relative or suitable individual	A court grants a relative or another suitable adult permanent legal custody of the child without terminating parental rights, making them responsible for the child's care until adulthood.
Another Planned Permanent Living Arrangement (APPLA)	A court-approved permanent living arrangement for youth (usually age 16 or older) when other permanency options are not possible, such as long-term foster care or living with a non-relative caregiver.

The child's permanency goals determine additional services. For example, a child for whom reunification is the permanency goal would experience casework focused on strengthening the parent's ability to provide a safe home for the child and to reduce risk of future harm. The permanency goal of family reunification directs CPS services toward safely returning the child to their own home as a permanent living arrangement. Family reunification may be with the parent from whom the child was removed or the parent who did not have custody at the time of removal.

Permanency is not achieved until the following occur:

- The child is in a safe living situation.
- The child is in a placement intended to be a permanent living situation.
- The child is with a family committed to the child.
- There is an enduring, nurturing family relationship to meet the child's needs.
- The child has a sense of security.
- A legal status has been achieved for the child that protects the rights of the child without DFPS maintaining conservatorship.

In the case of a youth whose permanency goal is another planned permanent living arrangement, the youth is eligible to receive Transitional Living Services to help them successfully transition to adulthood. Permanency planning meetings and circles of support will be held to help the youth connect to caring adults who can be supportive into adulthood, during and after the transition to independent living.

## **Adoption Services**

Adoption services are typically provided by DFPS or a child-placing agency contracted by DFPS, and include training, home studies, background checks, and informational meetings to prepare prospective foster and adoptive parents for placement.

### ***Identification and Preparation***

The Texas Adoption Resource Exchange (TARE) is one tool used by DFPS and SSCC staff to find adoptive homes for children who are legally available and not in an adoptive placement. TARE is a web-based referral and photo listing service that CPS operates to provide information on children waiting for adoption for prospective adoptive families. It also contains a free, self-registration listing for adoptive families and people across the United States who are approved for adoption. TARE was established so that children who are legally free for adoption, and families who wish to adopt, can be brought together quickly. TARE also connects to AdoptUSKids.org and Adoption.com, national photo listing websites that expand the reach of TARE photos to more families.

DFPS partners with Heart Galleries of Texas through MOUs with 11 Heart Gallery organizations, one in each of the 11 DFPS administrative regions. Heart Galleries provide professional physical and digital photographs of children awaiting adoption. These galleries are displayed in a variety of locations and on Heart Gallery websites in the regions to attract attention to children awaiting adoption and match them with adoptive parents. Heart Galleries provide digital photos to DFPS for use on the TARE application as well. The statewide Heart Galleries of Texas initiative is housed at the University of Texas at Austin's Moritz Center for Societal Impact, which coordinates regional efforts and post-adoption



support. The Legislature appropriated funds in the 88th and 89th Legislative Sessions to expand Heart Galleries and enhance post-adoption services statewide.

DFPS also partners with Wendy's Wonderful Kids in several DFPS and SSCC regions. Wendy's Wonderful Kids collaborates with DFPS to equip specialized adoption recruitment staff to use an evidence-based, child-focused recruitment model to find families for children and youth with the highest needs. A rigorous, five-year national evaluation revealed that children referred to the program are up to three times more likely to be adopted.

### ***Adoption Assistance Programs***

Adoption assistance programs are available to facilitate adoption of children with special needs or other qualifying criteria. If a child is eligible for adoption assistance, they may qualify for monthly payments paid to the adoptive parents, medical assistance generally provided through Medicaid, and reimbursement of nonrecurring expenses related to the adoption of the child. Monthly adoption assistance payments and Medicaid coverage may be provided on behalf of children who achieve permanency through adoption and meet criteria for the subsidy based on their age. Extended aid for eligible youth up to age 21 is also available. In addition to the monthly subsidy, non-recurring payments may be provided after consummation of the adoption to reimburse families for certain adoption-related expenses, including home study costs, attorney fees, court costs, and travel expenses related to the placement. Families may also benefit from education and medical programs such as college tuition waivers, PAL programs, Education and Training Vouchers (ETV), and continued health care coverage. In addition, DFPS can provide legal fee assistance and subsidies for medical equipment and other special-needs resources to ensure families and children have the tools and support necessary to succeed.

### ***Post-Adoption Services***

CPS offers post-adoption services through contracted providers to support children and their families after adoption. These services are designed to help adopted children work through the trauma of abuse, neglect, and the loss of their birth family, while also assisting adoptive families with both periodic and ongoing adjustments to adoption. Available support includes counseling, crisis intervention, parent training, and support groups, ensuring that families have access to guidance and resources at every stage of the post-adoption journey.

Across Texas, CPS contracts with multiple service providers to offer post-adoption services. These services can include case management, service planning, parent training, therapeutic or specialized camps, day treatment programs, behavioral and mental health services, individual and family counseling, crisis intervention, residential treatment, and intermittent alternative care. These services are intended to strengthen family stability and help children thrive in their adoptive homes. Intermittent alternate care, or respite care, comes in a variety of settings, both in and out of the adoptive family home. Post-adoption service providers report that families who can access and routinely use respite care are better able to cope. Residential treatment through post-adoption services is normally limited to 12 months.



## ***Transitional Living Services***

Although CPS tries to find a permanent home for every child, sometimes that is not possible. In those cases, conservatorship staff provide Transitional Living Services, including the PAL program. These services help youth prepare for adult life and assist with the initial transition to adult living. Transitional Living Services helps DFPS foster youth and those aging out of care receive the tools, resources, support, and personal and community connections they need to become self-sufficient adults. Supportive services and benefits are provided to eligible youth ages 14 to 21, with some programs extending to age 27 for specific educational or vocational needs, to help successfully transition from foster care to adulthood.

### ***Experiential Life Skills Training for Youth 14 and Older***

Foster parents and other child care or residential providers are required to include training on independent living skills through practical activities such as meal preparation, use of public transportation, money management, and basic household tasks for youth ages 14 and older. Providers have access to resource guides and other training information on the [DFPS Residential Contracts](#) website. The youth's experiential learning while in care and PAL life skills training and other activities complement one another and are discussed and addressed in each core life skill area within the youth's child plan of service.

### ***Preparation for Adult Living Program***

The PAL program helps older youth in foster care prepare for a successful transition to adulthood, supporting positive permanency or, when needed, a transition to Another Planned Permanent Living Arrangement (APPLA). Serving eligible youth up to age 21, PAL provides life skills training, connections to community resources, and limited financial assistance for housing, education, and vocational needs. Funded through the federal Chafee Foster Care Independence Program and state general revenue, PAL's goal is to equip youth with the tools to become healthy, self-sufficient adults.

### ***Extended Foster Care***

Extended Foster Care is a voluntary program that allows a young adult, age 18 to 21, to reside in a paid foster care placement after DFPS legal conservatorship ends. The young adult is eligible for extended foster care if he or she is participating in qualifying activities and placement is available.

Young adults in Extended Foster Care continue to receive individualized service planning through a child plan of service and participate in Transitional Living Services and transition planning activities.

With growing interest in the program, DFPS is working to build capacity for this population by increasing awareness among current and potential providers about the need to expand Supervised Independent Living (SIL) and Transitional Living Services options.

SIL settings are less-restrictive, non-traditional foster care arrangements where young adults live with minimal supervision while receiving case management and support services. This structure allows them to practice independent living skills, experience self-sufficiency, and prepare for adulthood in a supportive environment before fully leaving foster care.

### ***Additional CPS Services and Support***

In addition, DFPS employs subject matter experts (SMEs) who provide consultation and technical assistance statewide to both DFPS and SSCC staff. This ensures consistent, informed decision-making. These SMEs include centralized placement staff, clinical coordinators, education and disability specialists, medical services personnel, psychiatric hospital liaisons, and day care coordinators. Together, these services and supports address the unique needs of children, parents, and caregivers, creating a coordinated network of resources to help families thrive.

### **Health Care Oversight for Children in DFPS Conservatorship**

As managing conservator, DFPS is responsible for overseeing all aspects of a child's health and well-being. This includes ensuring timely access to medical, behavioral, dental, vision, and pharmacy services, and integrating those services into the child's case planning and permanency goals.

Children in DFPS conservatorship receive health care coverage through Medicaid, with most services delivered under STAR Health – a statewide, comprehensive managed care plan administered by Superior HealthPlan. STAR Health serves all youth in conservatorship, but DFPS remains responsible for coordinating care, troubleshooting barriers, and ensuring that services are accessible, comprehensive, continuous, and trauma informed.

DFPS fulfills this responsibility through its Medical Services function, a network of SMEs that includes well-being specialists, nurse consultants, behavioral health specialists, and substance use disorder specialists located statewide. These staff:

- Coordinate with STAR Health to resolve complex cases and facilitate access to needed services.
- Advise caseworkers, caregivers, and SSCC staff on medical, behavioral, and dental care issues.
- Develop policy and resources in areas such as medical consent, STAR Health processes, primary medical needs, psychotropic medications, and mental health and substance use services.
- Provide training to DFPS and SSCC staff, including Youth Mental Health First Aid and interpretation of Child and Adolescent Needs and Strengths (CANS) assessment results.

Core areas of responsibility include:

- **Medical Consent and STAR Health Coordination:** Oversight of consent processes, coordination with Superior HealthPlan, and facilitation of primary medical needs meetings.
- **Timely Assessments:** Ensuring completion of assessments required within 30 days of removal, such as the 3-Day Medical Exam (when eligible), Texas Health Steps checkups, and CANS for ages 3–17.
- **Psychotropic Medication Monitoring:** Participating in Psychotropic Medication Utilization Reviews (PMURs) and consulting with the Forensic Assessment Center Network (FACN) to ensure safe, effective prescribing.
- **Specialized Behavioral Health Support:** Connecting staff and caregivers to Local Mental Health Authorities, Mobile Crisis Outreach Teams, YES Waiver services, and substance use treatment via the OSAR network.

- **Nursing Consultation:** Providing guidance on medical records, treatment recommendations, and complex health conditions, without direct patient care responsibilities.

This integrated approach allows DFPS to meet its legal obligation to manage the health and well-being of children in its custody, while leveraging STAR Health’s provider network and specialized services. The Medical Services function is a critical bridge between DFPS case management, community providers, and the Medicaid managed care system, ensuring that children in foster care receive the coordinated care necessary for their safety, permanency, and well-being.

**G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). (If you have already submitted funding source info through the “Agency Program Information” spreadsheet, please limit your response to funding formulas or funding conventions.)**

Please reference the Agency Program Information spreadsheet for funding sources and amounts, including federal grants and pass-through monies. The funding is determined by the federally approved Public Assistance Cost Allocation Plan (PACAP).

*Please reference Attachment 35.*

**H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.**

### **Texas Court Appointed Special Advocates (CASA)**

CASA is recognized by local courts and can be appointed in a case of a child in the conservatorship of DFPS as the “guardian ad litem” (GAL) or as the volunteer advocate. CASA provides best interest representation as outlined in the Texas Family Code §107.002, or by court orders of appointment per §107.031.

The MOU between Texas CASA and DFPS establishes consistent policies and procedures that enhance the working relationship between the two across the state.

### **Texas Education Agency (TEA)**

TEA is the state agency that oversees primary and secondary public education and provides leadership, guidance, and support to school systems.

DFPS and TEA have an interagency MOU that outlines an agreement to share certain information between agencies to evaluate educational outcomes of students in foster care.

### **Texas Workforce Commission (TWC)**

TWC is the state agency charged with overseeing and providing workforce development services to employers and job seekers of Texas.

DFPS has an interagency MOU that outlines an agreement to share certain information between agencies to evaluate the number of youth receiving employment services through workforce and transition centers receiving funds from TWC.

### **U.S. Department of Housing and Urban Development (HUD)**

DFPS coordinates with HUD to support the Foster Youth to Independence (FYI) voucher program, with more detail provided in the MOU section.

In 2019, HUD created the FYI voucher program to provide housing support for young adults who experienced foster care up to age 24. DFPS Transitional Living Services staff liaison with both federal HUD partners in Texas and beyond in seeking to maximize the utilization of these vouchers to support our young adults who experienced foster care.

In addition to receiving training and information from HUD staff, DFPS State Office offers training and information to HUD on issues and experiences of this population in the state of Texas as they seek to transition to independence.

HUD provides these vouchers to local public housing authorities (LPHAs) to actually administer and provide the vouchers. DFPS regions and SSCCs enter into MOUs with these LPHAs to establish the relationship to be able to utilize these vouchers. There are currently MOUs with over 50 LPHAs across Texas for the support of this voucher program.

### ***Indian Child Welfare Act (ICWA) Related Agreements***

ICWA is a federal law enacted in 1978 designed to protect the best interests of Native American children. ICWA applies to child custody proceedings including foster care placements, termination of parental rights, and pre-adoptive and adoptive placements.

Though individual states are not required to have an MOU with tribes to share information under the ICWA, these agreements are often used as best practice to facilitate communication, clarify roles, and ensure consistent implementation of ICWA.

DFPS has MOUs with both the Ysleta Del Sur Pueblo/Tigua tribe and Alabama-Coushatta tribe of Texas. These agreements delineate the procedures that must be taken when DFPS has involvement with tribal members.

### ***County or Regional Agreements***

In addition to the statewide agreements listed above, there are MOUs maintained at the county or regional level with agencies including local public housing authorities, local alcohol and drug abuse councils (ADAC), child welfare boards, and care coordination teams to outline data sharing and referrals for services and programs.

**I. If the division or program works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.**

*CPS partners with many of the same local, regional, and federal entities as CPI. Please reference Section 7B, Question I for a list of shared partners and general coordination practices.*

*In addition, CPS works specifically with:*

***Child Welfare Boards***

The commissioners' court of a county may appoint a child welfare board for the county. A county child welfare board coordinates local public welfare services for children and their families and for the coordinated use of federal, state, and local funds for these services. The commissioners' court of a county may appropriate local funds for the administration of its county child welfare board.

***National Resource Center for Youth Development***

CPS initially worked with the federal National Resource Center for Youth Development (NRCYD) for technical assistance to implement SIL arrangement options for CPS young adults who have volunteered to stay in extended foster care in a less-supervised setting in Texas. As of August 2025, DFPS and the SSCCs have contracts with over 71 SIL providers across the state. Of these, there are 18 contracts where DFPS/SSCCs are contracting directly with a college or university to provide SIL.

**J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.**

***Lack of clear statutory protections for confidentiality of CPS court reports***

Texas law requires DFPS to provide detailed court reports to support judicial oversight in child protection cases, often including sensitive information such as behavioral health diagnoses, substance use histories, and service progress for both parents and children; however, current statutes do not clearly restrict how this information may be shared or further disclosed once the reports are filed with the court.

While Family Code §261.201 protects DFPS records during investigations and service delivery, its protections do not always extend to reports submitted as part of court proceedings. Once filed, these reports may be broadly accessible to non-parties, including the public, without clear boundaries around use or further distribution.

This lack of clarity creates several challenges:

- **Privacy concerns:** Sensitive personal information about parents and children may be unnecessarily exposed, undermining the dignity and trust of families involved in the system.
- **Behavioral health stigma:** Disclosure of mental health and substance use details may deter families from engaging fully in services.
- **Inconsistent protections:** Variations in local court practices mean families in different jurisdictions experience different levels of privacy protection.

- **Program integrity:** The absence of statutory safeguards places DFPS in a difficult position, as the agency must balance its obligation to inform the court with its responsibility to protect client confidentiality.

Federal frameworks such as the Social Security Act (Title IV-E) and CAPTA require court engagement and oversight but presume states will establish appropriate confidentiality protections to ensure the safety and well-being of children, even though the state's courts are open to the public. Clarifying the boundaries of disclosure for court reports would strengthen alignment with these expectations, support family engagement, and reduce the risk of re-traumatization through unnecessary sharing of personal information.

**K. Provide any additional information needed to gain a preliminary understanding of the division or program.**

Not applicable.

**L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:**

*Why the regulation is needed*

*The scope of, and procedures for, inspections or audits of regulated entities*

*Follow-up activities conducted when non-compliance is identified*

*Actions available to the agency to ensure compliance*

*Procedures for handling consumer/public complaints against regulated entities*

CPS is not a regulatory program.

**M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.**

Not applicable.

## VII. Guide to Agency Divisions and Programs – Community-Based Care

### A. Provide the following information at the beginning of each description.

**Name of division or program:** Community-Based Care

**Location within the agency:** Office of the Commissioner

**Contact name:** Grace Windbigler, Director, Community-Based Care Operations and Interim Director, Office of Community-Based Care Transition

**Statutory citation:** Community-Based Care, Family Code, [§264.151 subchapter B-1](#)

### B. What is the objective of this division or program? Describe its major activities.

The objective of the Community-Based Care (CBC) program is to improve outcomes for children and youth in foster care by shifting responsibility for case management and service delivery to a community-based provider, known as a Single Source Continuum Contractor (SSCC). Under this model, DFPS contracts with SSCCs to provide case management and substitute care services for children, youth, and young adults in the state's conservatorship or in extended foster care. Many of the program elements described in the preceding CPS section of the SER become the responsibility of SSCCs under CBC. CBC aims to keep children safe, connected to their families, and placed in their home communities while building sustainable local networks of support.

By implementing CBC, Texas intends to improve its child protection system by:

- Increasing the number of children and youth placed with their siblings and in their home communities;
- Increasing the number of children and youth who remain in their school of origin;
- Decreasing the average time children and youth spend in foster care before achieving positive permanency;
- Decreasing the number of moves children and youth experience while in foster care;
- Decreasing the duration and intensity of services that children and youth need while in foster care due to improved well-being and behavioral functioning; and
- Creating robust and sustainable service continuums in communities throughout Texas.

The guiding principles for CBC are aimed at improving quality of care and include:

- Keeping children and youth safe from abuse and neglect;
- Placing children and youth in their home communities;
- Placing children and youth in the least restrictive setting that meets their needs;
- Minimizing moves that disrupt children's or youth's personal connections and educational progress;
- Placing children and youth with siblings;
- Respecting the culture of each child and youth;



- Providing children and youth with opportunities, experiences, and activities like those enjoyed by their peers who are not in foster care;
- Preparing youth for successful adulthood;
- Providing children and youth opportunities to participate in decisions that affect their lives;
- Reunifying children and youth with their biological parents when possible; and
- Placing children and youth with relative or kinship caregivers if reunification is not possible.

## **Community-Based Care Operations**

CBCO is a division within the Office of the Commissioner.

Major activities of CBCO include:

- Administering, managing, monitoring, and reporting on SSCC contracts to ensure compliance with program requirements and legislative mandates.
- Streamlining contract oversight functions and promoting process improvement to enhance operational efficiency.
- Developing CBC-related policies and procedures to support consistent contract execution and oversight.
- Documenting roles and responsibilities for both DFPS contract managers and OCBCT staff.
- Reducing duplication of oversight efforts between CBCO and OCBCT through improved coordination and role clarity.
- Collaborating across DFPS divisions to define deliverables, reporting protocols, documentation standards, payment methodologies, and performance measures for SSCCs and their provider networks.

The CBCO team consists of:

- Two contract management and monitoring teams, responsible for specifications development, contract negotiations, conducting compliance reviews of SSCC contracts, tracking contract performance, and reporting.
- A fiscal team responsible for conducting financial and expenditure reviews and fiscal audits, and reimbursement officers responsible for invoice payments and dispute resolution.
- A Projects and Reporting Team responsible for CBC-related policies and procedures, process improvement, and FCL reporting.

## **Office of Community-Based Care Transition**

Created during the 87th Legislative Session, OCBCT is an independent state agency with its director reporting to the Governor. OCBCT is administratively attached to DFPS, meaning the agency provides financial and other administrative functions as needed.

The OCBCT team consists of:

- Two OCBCT implementation teams that work alongside DFPS and the SSCCs to move CBC forward in each community area.



- CBC administrators (CBCAs) who are local to the community area and serve as liaisons between regional DFPS programs and the SSCC. CBCAs help facilitate the transition to CBC.
- The Community Outreach and Legislative team that focuses on reports, special projects, project management, education and outreach, and legislative inquiries.
- The CBC Procurement team that procures, evaluates, negotiates, and awards the SSCC contracts in each catchment area.
- The CBC Complaints team, which responds to inquiries and resolves complaints regarding CBC, SSCCs, and subcontractors (providers).

**C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.**

### ***Rider 15 Report***

DFPS is required to submit the Rider 15 report, which is a biannual report on selected LBB performance measures in SSCC catchment areas. These measures are detailed in Section II, Question H.

### ***SSCC Contractual Measures***

The SSCC contract provides the performance measures by which the SSCC will be monitored and held accountable through each stage of CBC implementation and throughout the life of the contract. Currently, in Stage III, child/youth permanency outcomes are tied to financial incentives and remedies for this contract. Recent legislative changes will require a review and change to the Stage III review time frame, methodology and assessment.

Performance measures 1-5 and 7 apply to CBC Stage I, and the population is children/youth from the catchment area in SSCC contracted placements.

Performance measures 1-11 apply to CBC Stage II and beyond, and the population is all children/youth in DFPS conservatorship from the catchment area unless otherwise specified.

Goal	#	Performance Measure
Safety in Paid Foster Care	1	Children/youth placed in paid foster care are safe from abuse and neglect.
Paid Placement Stability	2	Children/youth have stability in their paid foster care placements. Non-paid placements are not included in this measure.
Home Setting	3	Children/youth are placed in a home setting placement.

Goal	#	Performance Measure
Maintaining Connections (Proximity, Siblings)	4	Children/youth are placed within 50 miles of their home communities.
	5	Children/youth are placed with their siblings in paid foster care.
Preparation for Adulthood (ID / Driver License, PAL at 18 years old)	6	Youth aged 16 and older obtain a driver license or Texas identification card.
	7	Youth turning 18 complete Preparation for Adult Living (PAL) training.
Timely Exits to Permanency*	8a	Children exit to permanency within 12 months of entering DFPS conservatorship.
	8b	Children exit to permanency within 18 months of entering conservatorship.
	8c	Children exit to permanency within two years of entering conservatorship.
	8d	Children exit to permanency within three years of entering conservatorship.
Timely Exits to Reunification	9a	Children exit to reunification within 12 months of entering conservatorship.
	9b	Children exit to reunification within 18 months of entering conservatorship.
	9c	Children exit to reunification within two years of entering conservatorship.
	9d	Children exit to reunification within three years of entering conservatorship.
Placement with Kin	10	Children/youth are placed with kin on the 60th day after removal.*
CPS Reinvolvement*	11	Children who exit to permanency and have a new CPS intervention within 12 months from exit.

\*The Kinship, ID / Driver License, CPS Reinvolvement, Time to Permanency, and Time to Reunification performance measures are added in Stage II CBC.

**D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.**

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#### **2013**

Region 2/9 awards contract.  
Region 3B awards contract.

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#### **2014**

Region 3B commences Stage 1.  
Region 2/9 reverts to DFPS after SSCC voluntarily terminates contract.

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#### **2017**

Region 3B renews contract.  
SB 11 (85th Legislature) formally renamed Foster Care Redesign to Community-Based Care to reflect the shift toward local control and community responsibility in delivering foster care services.

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#### **2018**

Region 2 awards contract.  
Region 2 commences Stage 1.  
Region 8A awards contract.

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#### **2019**

Region 1 awards contract.  
Region 8A commences Stage 1.

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#### **2020**

Region 2 commences Stage 2.  
Region 3B commences Stage 2.  
Region 1 commences Stage 1.  
Regions 3A, 3B, and 3C re-align into Regions 3W and 3E (three counties of 3A go to 3W, remaining four counties go to 3E).

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#### **2021**

Region 8A initiates contingency plan and transitions from SCCC to DFPS.  
Region 8B awards contract.  
Region 8B commences Stage 1.  
Legislature creates OCBCT.

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#### **2022**

Region 1 commences Stage 2.  
Region 8B commences Stage 2.

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## 2023

DFPS receives funding from the Legislature to create CBCO, which allows DFPS to have dedicated resources for CBC. The CBCO was established to create and mature processes and procedures related to SSCC contract administration and oversight of CBC.

Region 2 renews.

Region 3E awards contract.

Region 4 awards contract.

Region 5 awards contract.

Region 3W renews contract.

Region 3E commences Stage 1.

Region 4 commences Stage 1.

Region 5 commences Stage 1.

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## 2024

Region 1 commences Stage 3.

Region 2 commences Stage 3.

Region 8B commences Stage 3.

Region 3W (seven southern counties) commences Stage 3.

Region 3W (three northern counties) commences Stage 2.

Region 4 commences Stage 2.

Region 5 commences Stage 2.

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## 2025

Regions 6A and 6B award contract.

Region 8A awards contract.

SB 513 (89R) directs DFPS to implement a rural CBC pilot program in Region 9. The pilot aims to develop and implement a sustainable, replicable CBC model of child welfare services, increase community engagement in the child welfare system, and improve outcomes for children and families by expanding the availability of child welfare services and promoting innovation in the delivery of child welfare services to children and families.

DFPS receives funding for the expansion of CBC into regions 7A, 7B, 11A, and 11B.

A series of bills expands oversight tools to help ensure the success of CBC:

- SB 1398 strengthens oversight of CBC by requiring DFPS to implement the use of corrective action plans, financial remedies, and quality improvement measures. The bill requires SSCCs to establish community advisory committees that meet quarterly and submit their recommendations to DFPS for inclusion in the annual review. It also requires DFPS to publish contract monitoring information online to support transparency and public confidence in CBC.
- HB 4129 gives DFPS the ability to develop measures to ensure SSCCs are delivering high-quality service. These measures include quality improvement plans, financial interventions, and other appropriate interventions or restrictions.

- SB 1589 allows DFPS the flexibility to reclaim case management functions over any or all cases in a CBC catchment area, or transfer case management authority to another SSCC in an emergency situation resulting from significant concerns with case management performance regarding a single case, cases in a single county, or up to all of the cases in a CBC catchment area.
- SB 2032 changes the length of early contract termination notice for both SSCCs and DFPS from 60 days to 180 days, allowing more time for contingency plans to be enacted to reduce the impact on clients. The bill also allows DFPS to transfer the remainder of a terminated contract period to another SSCC for the purposes of covering services in the impacted area while the contract is set for formal competitive re-procurement.
- SB 2034 allows DFPS to petition a court to appoint a receiver to manage SSCC operations for an interim period so that the SSCC can either come into compliance or have services in the applicable catchment area transitioned to an alternative SSCC.

**E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.**

[Family Code §264.154](#) provides the criteria for an SSCC applicant and states that an entity must be a nonprofit entity that:

- has an organizational mission focused on child welfare; and
- has a majority of the entity's board members residing in this state; or
- is a governmental entity.

**Additional Entity Qualifications:**

- In accordance with Family Code §264.154, DFPS will consider the extent to which an SSCC applicant has experience providing services to children, youth, and families in the proposed community.
- The SSCC may be a single entity or submit a proposal through the formation of a consortium of providers, which may include itself. If a consortium applies, one provider must act as the consortium's lead in directly contracting with DFPS.
- DFPS will not contract with any provider for more than two SSCC contracts, except in instances where DFPS requires an SSCC to implement a turnover plan.

**F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.**

## **Community-Based Care Operations**

CBCO is responsible for contract administration, management, monitoring, and reporting of CBC-

related contracts to align with legislative mandates for the program. Functions include assessment and streamlining of contract administration, process improvement, development of CBC-related policies and procedures, documenting roles and responsibilities for CBC contract managers and OCBCT staff, and reducing duplication of effort between the CBC contracts team and OCBCT. CBCO collaborates across the agency to establish requirements for deliverables, reporting, documentation, payment methodology, and performance measures for CBC providers and SSCCs.

Oversight of the SSCC contracts includes the following:

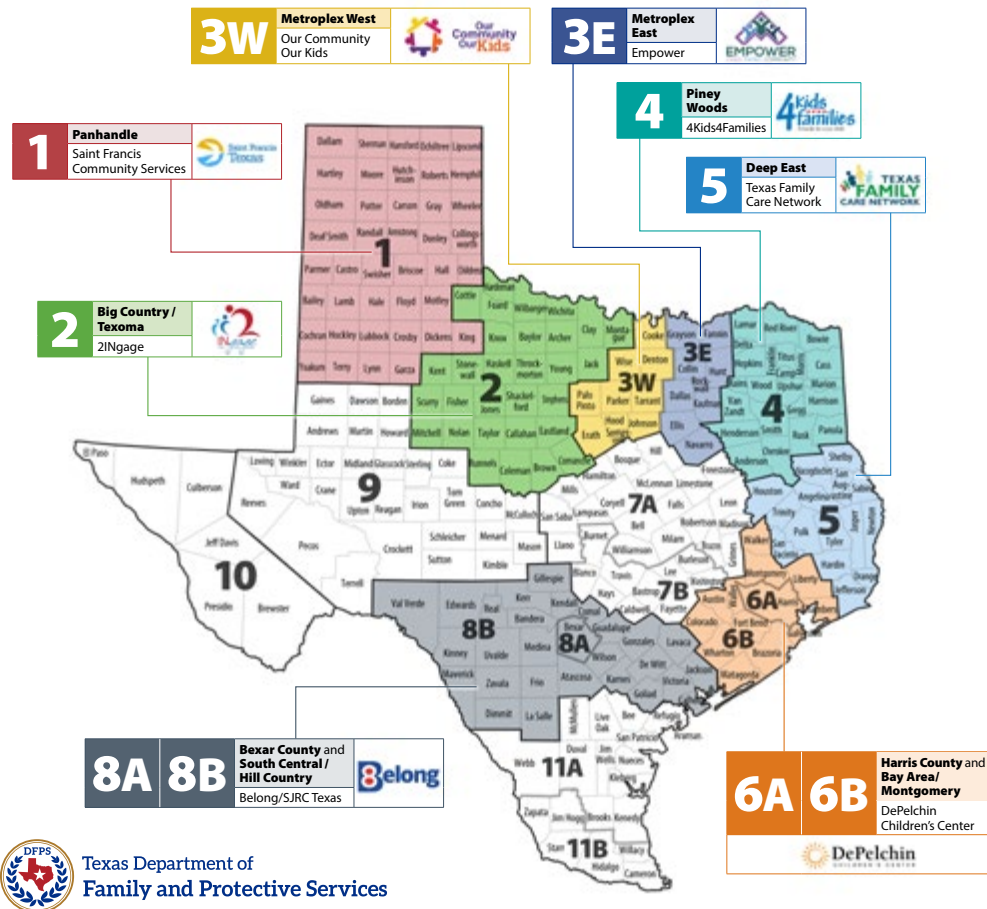
- In concert with OCBCT, monitoring of readiness and implementation activities is conducted. This includes tracking placement and case management transitions, weekly status checks, and timely IMPACT case management system updates.
- Contract compliance monitoring includes annual reviews for overall contract and performance compliance throughout the year with an additional review of the SSCC oversight of their subcontracting network of residential providers. This includes contract compliance with foster care litigation remedial orders and reporting requirements. Progress and compliance on SSCC-issued corrective action plans and continuous quality improvement plans are also completed.
- Fiscal monitoring, including monthly fiscal reviews, annual expenditure audits and payments, annual review of compliance and on-going reviews of fiscal procedures and controls, and a quarterly review of financial statements and balance sheets.
- Programmatic monitoring, including case management oversight (CMO) case reads, critical case reviews, and monthly system briefings on critical tasks (for example, face-to-face visits conducted).

Progressive intervention plans outline the contract enforcement measures or procedures that DFPS will employ in the event an SSCC fails to operate in compliance with the terms and conditions set forth in the contract. A progressive intervention plan is specific to the SSCC upon which it is applied and the performance issues requiring correction. Progressive interventions may include monetary or other forms of remedies, such as:

- Requiring technical assistance or trainings.
- Requiring continuous quality improvement (CQI) plans of action.
- Implementing corrective action plans (CAP).
- Increasing the nature and intensity of contract monitoring and quality assurance activities.
- Paying of financial remedies according to circumstances outlined in the contract.
- Paying of liquidated damages according to circumstances outlined in the contract.
- Suspending and/or placing conditions or limitations on services.
- Prohibiting an employee or subcontractor from providing services on the SSCC's behalf.
- Suspending or terminating all or part of the SSCC contract.

This map depicts the current implementation status in Texas as of February 2025:

## DFPS / CBC Regional Map



### Office of Community-Based Care Transition

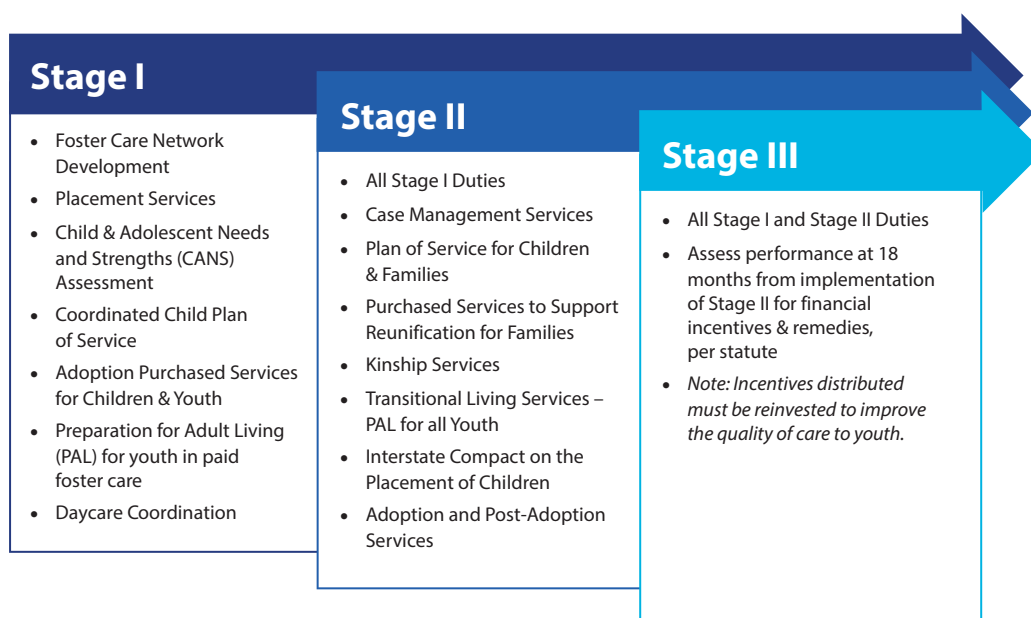
OCBCT is independent of, but administratively attached to, DFPS. OCBCT oversees and manages statewide CBC procurement, readiness, implementation, and community engagement. OCBCT has 10 statutory duties:

- Assess catchment areas in this state where CBC services may be implemented.
- Develop a plan for implementing CBC in each catchment area in the state, including the order in which CBC will be implemented in each catchment area and a timeline for implementation.
- Evaluate CBC providers.
- Contract, on behalf of DFPS, with CBC providers to provide services in each catchment area in the state.
- Measure contract performance of CBC providers.
- Provide contract oversight of CBC providers.
- Report outcomes of CBC providers.

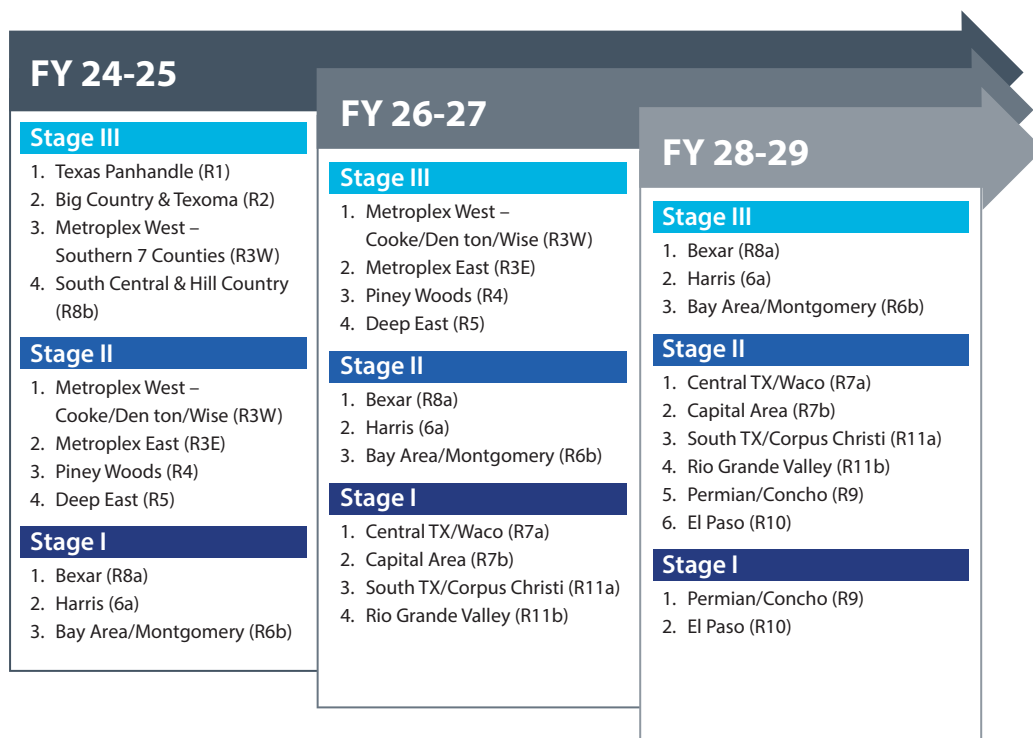


- Identify the employees and other resources to be transferred to the CBC provider to provide the necessary implementation, case management, operations, and administrative functions and outline the methodology for determining the employees and resources to be transferred.
- Create a risk-sharing funding model that strategically and explicitly balances financial risk between the state and the CBC provider and mitigates the financial effects of significant unforeseen changes in the CBC provider's duties or the population of the region it serves.
- Require the annual review and adjustment of the funding based on updated cost and finance methodologies, including changes in policy, foster care rates, and regional service usage.

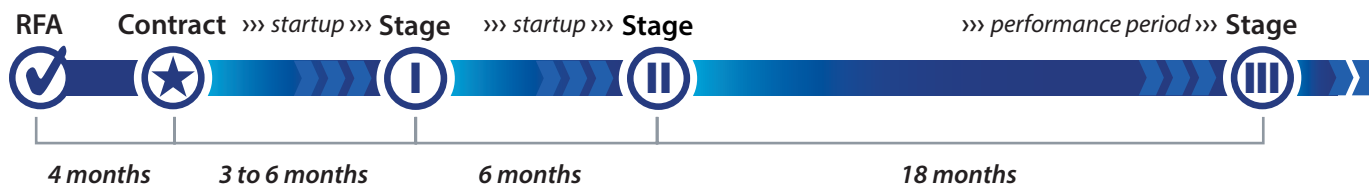
In concert with CBCO, OCBCT conducts outreach, procurement, readiness, and implementation activities. This includes procurement activities, managing SSCC placement and case management transitions, and providing ongoing support to the SSCCs and DFPS post implementation. Implementation of CBC occurs in three stages, depicted below. Stage I lasts approximately six months, and Stage II lasts for at least 18 months, per statute. An SSCC that advances to Stage III remains in that stage, absent concerns, until the contract is reprocured.







Customary implementation timeline, subject to change:



### Readiness Process

A readiness review is a formal process to assess the ability of an SSCC to satisfy the responsibilities and administrative requirements based on the stage of CBC implementation. This is a multi-disciplinary effort led jointly by DFPS and OCBCT to verify that the SSCC processes, systems and staffing functions are ready and able to successfully assume responsibilities by the operational start date. During the readiness review the SSCC must, at a minimum:

- Provide documentation of operating policies, procedures, and plans that detail the tasks, activities, and staff responsible for provision of services and overall implementation of CBC.
- Provide a complete listing of network contracted and credentialed providers, including a description of credentialing activities scheduled to be completed before the operational start date.
- Prepare and implement a staff training curriculum and a provider training curriculum and provide documentation demonstrating compliance with training requirements.

- Describe the utilization management process used to identify the level of care provided to children and youth referred under the contract, including exceptional care, capacity utilization, and a cross walk of SSCC service levels to the corresponding DFPS legacy service levels.
- Provide a case management manual that gives detail on how the SSCC will build and maintain the infrastructure and staff capacity necessary to implement graduated caseloads for newly hired staff and to deliver direct case management services for all children who are referred to the SSCC by DFPS (Stage II only).
- Submit to an initial Information Technology Security review. The SSCC must resolve any critical and high-risk items identified by DFPS Office of Information Security prior to readiness certification.
- Submit the SSCC's proposed complaint and appeals processes to OCBCT/DFPS.
- Demonstrate sufficient staffing levels.

### ***Rollout Sequence***

DFPS and OCBCT consider the following factors when selecting community areas for implementation:

- Geographic location and proximity to existing designated community areas.
- Service capacity, which includes the continuum of care and services available in the designated community area, location of resource hubs, and trends of children placed in and out of the community area.
- Child and family outcomes in the community areas.
- Level of community and stakeholder investment, which includes collaboration among stakeholders, the number of child welfare boards, child protection courts, and other entities impacted in the designated community area.
- Stability of DFPS workforce in the designated community area.

Selected community areas are proposed to the Legislature in DFPS's Legislative Appropriations Request, along with specific estimates of the anticipated cost for transitioning the selected areas. If sufficient funding is appropriated, DFPS and OCBCT pursue expansion into the proposed community areas.

### ***Contracting Costs and CBC Finance***

CBC implementation is contingent upon legislative funding. As the model has evolved, the Legislature has appropriated funding beyond what is provided under the legacy system to support SSCC success. The current funding model remains grounded in the historical costs of delivering services in the legacy system, including the following components:

- **Resource Transfers:** Funding shifted from DFPS to the SSCC to assume program responsibilities in the catchment area. For example, this includes funding for caseworkers, supervisors, and operational support staff.
- **Foster Care Payments:** Direct payments for care provided to children in foster placements, which may include:

- » Blended Rate: A daily rate covering a variety of placement types and service needs across the population. This rate ties to the established rates under the service level system and is specific to each catchment area. (This rate will be phased out as the agency shifts to T3C service packages.)
- » Exceptional Care Rate: A daily rate covering placement types providing services above and beyond those covered under the established blended rate.
- » T3C: Fee-for-service payments for a variety of placement types and service needs across the population.
- **Other Service Payments:** Funding for client services provided to children in care and their families, including:
  - » Adoption Purchased Services
  - » Transitional Living Services
  - » Substance Abuse Services
  - » Other services to support permanency

In addition to funding based on costs in the legacy system, CBC contractors receive certain funding enhancements designed to help ensure the success of CBC in each catchment area:

- **Additional Case Management Resource Transfer:** An additional 25 percent of the amount of the first-year Stage II Resource Transfer total is provided annually, above and beyond the personnel-related costs in the legacy system, to support expanded case management responsibilities.
- **Network Support Payments:** These payments support administrative and oversight activities unique to the SSCC model. Current rates are \$2,500 per child FTE for FY 2024–25.
- **Start-Up Funding:** After the SSCC contract is awarded, DFPS provides start-up funding to the SSCC according to legislative appropriation. Currently, SSCCs receive \$997,000 for Stage I implementation, followed by additional Stage II funding based on child FTEs, with the amount varying by catchment area to reflect local service needs. This funding supports the SSCC in establishing infrastructure, staffing, and systems before service implementation begins.
- **Other Funding:** SSCCs may receive other specialized funding, such as grant funding, designed to achieve specific outcomes. For example, SSCCs received grant funding to support kinship families in FY 2024-2025.

### ***Fiscal Oversight***

CBC oversight includes reconciling and reviewing costs, financial processes, and stability of each contractor prior to roll out and then on an ongoing basis.

### ***Pre-Implementation Financial Review***

Before implementation begins, DFPS reviews the SSCC's financial policies and procedures to:

- Identify potential strategic weaknesses.
- Ensure the SSCC has a sustainable plan for ongoing funding needs.
- Verify that strong internal controls exist to safeguard public funds.

### *Ongoing Financial Oversight*

DFPS monitors fiscal performance through:

- Quarterly reviews of financial statements to confirm SSCCs have ongoing financial capacity and stability.
- Quarterly cost report reviews to track spending patterns and cost trends.

### *Annual Service-to-Cost Reconciliation*

- At the end of each fiscal year, DFPS verifies the total number of children served within the catchment area.
- These service figures are compared against the SSCC's reported expenditures to confirm that funding was used in proportion to actual service delivery.
- Based on the outcome of this reconciliation, a "true-up" for the costs of (1) foster care payments and (2) network support payments is performed. DFPS will provide additional funding based on the actual number of children served by the SSCC or recover funds from the SSCC as appropriate, based on the results of this reconciliation. Resource transfer payments are not included in the "true-up" process.

### ***Stage III Incentives and Remedies***

In Stage III, DFPS uses financial incentives and remedies to encourage the safe transition of children out of paid foster care settings and into positive unpaid placements, including returning to their home of origin, with unverified kinship caregivers, or in adoptive placements. DFPS evaluates the SSCC's performance with the assistance of third-party analysis and guidance from the Center for Child Welfare Data. An SSCC may be eligible for a financial incentive or remedy based on their actual performance compared with baseline data on the number of positive exits from paid foster care and the number of days a child is expected to reside in paid foster care.

By reducing the number of days a child resides in paid foster care before the child moves to a non-paid setting, the SSCC becomes eligible for a financial incentive. The financial incentive is determined according to the general revenue portion of the foster care reimbursement payment the SSCC would have received had the child remained in paid care up to the number of days expected by the baseline data. The SSCC is required to spend the incentive by reinvesting the payment in improving the quality of care.

SSCCs are assessed financial remedies if the total number of days a child spent in a paid-care setting exceeds the established baseline threshold. The remedies assessed will represent the general revenue portion of 50 percent of the total number of excess days children spent in paid-care settings multiplied by the per diem foster care rate.

### ***Contingency Plan***

In the event of an early SSCC contract termination, OCBCT and DFPS use a formalized contingency plan to address the schedule, activities, and resource requirements necessary for contract turnover based on the SSCC's stage of implementation. Per Family Code §264.166(b), SSCCs are required to develop a transfer, or turnover, plan to support the DFPS contingency plan that outlines the responsibilities and activities that the SSCC is required to perform prior to or upon termination of the contract. This plan

is required to be updated annually and six months before the end of the contract period, including any extensions. OCBCT and DFPS must approve the turnover plan. OCBCT and DFPS will use the SSCC turnover plan as well as the DFPS contingency plan to ensure the least disruption in the delivery of services to children, youth, and families who are being served by the SSCC during any transition to a subsequent vendor.

### ***Training Plan***

OCBCT and DFPS develop CBC training plans for each community area based on the stage of implementation. Included in these plans are time frames and tasks related to:

- Protocol development.
- Operations manual development.
- Curriculum development for existing CPS and SSCC staff.
- Training delivery for existing CPS and SSCC staff.
- Curriculum development for new SSCC staff.
- Ongoing training delivery for new SSCC staff.

### ***Mentoring SSCC staff***

Training on community-specific protocols is conducted before each stage rollout for all existing CPS staff. DFPS also trains SSCC staff on changes to the State Automated Child Welfare Information System (SACWIS) known as IMPACT. In CBC Stage II, SSCCs must develop training models to ensure that all caseworkers, supervisors, and other direct care staff providing conservatorship services complete training to support attainment of safety, permanency, and well-being for the children, youth, and families served under their continuum of care. Generally, SSCCs have leeway to develop trainings specific to their CBC model while incorporating all DFPS federal and state statutory requirements and licensing standards. Some DFPS trainings are required of SSCCs, such as the CPS Professional Development (CPD) training model for all caseworkers, supervisors, and other direct care staff providing conservatorship services through the SSCC.

### ***Contracting and Procurement Tasks***

Primarily, DFPS and OCBCT utilize a Request for Applications (RFA) to solicit potential contractors in a competitive procurement model. The RFA is a written announcement requesting the submission of applications from local governments and non-profit organizations for available grant funding. All funding awards are subject to the availability of funds. For the purposes of procuring goods and services including for a CBC contractor, DFPS and OCBCT are considered health and human services agencies per Government Code §2155.144(a). As a result, procurement must be approved by HHSC.

### ***Soliciting Contract Applications***

In developing the solicitation, OCBCT works with DFPS and HHSC to assemble the RFA exhibit packet, including any contract amendments for other SSCCs. The exhibit packet includes 14 exhibits detailing expectations and statutory requirements that must be subsumed by the contractor, with three additional exhibits to be supplied by the applicant upon submitting a bid. Additionally, to help ensure the objectivity of how applications are evaluated, OCBCT must determine and submit the evaluation criteria to HHSC prior to the RFA solicitation being posted.

After an application has been evaluated and accepted, DFPS and OCBCT enter contract negotiations with the applicant. After contract terms are agreed upon, DFPS certifies the procurement file and notifies the applicable party of the contract award. If contract terms cannot be agreed upon, DFPS and OCBCT determine if a new negotiation period can be entered, whether a different applicant can be considered, or if the RFA is closed without a contract being awarded. Solicited contract applications are posted according to community catchment areas identified by DFPS and OCBCT, and for which DFPS has been appropriated sufficient funding from the Texas Legislature.

### ***Unsolicited Contract Applications***

Family Code §264.157(b) directs DFPS to accept and evaluate unsolicited proposals from entities based in Texas for the purpose of providing CBC. Unsolicited applicants may submit proposals in catchment areas with boundaries that are different than what DFPS has previously delineated. DFPS will consider the change in geographic boundaries for any unsolicited proposals that are accepted and implemented, provided the geographic boundaries do not include any areas where CBC has already been implemented. If DFPS receives multiple unsolicited applications for the same or overlapping catchment areas, DFPS must consider the catchment area for competitive procurement. As a result, DFPS will announce the cancellation of the unsolicited application process for the proposed catchment area and subsequently post an RFA solicitation once funding has been appropriated from the Legislature.

### ***Performance-Based Contracting***

The CBC model requires that SSCC contracts be performance based. Performance-based contracting focuses on achieving outcomes, as opposed to effort, for children and families and meeting prescribed design specifications. This allows the SSCC and the community more flexibility to be innovative and create a child welfare system that meets the unique needs of the children, youth, and families from the designated community area. The increased flexibility under the performance-based contract is matched with increased responsibility and accountability for overall safety, permanency, and well-being outcomes.

DFPS assesses and holds SSCCs accountable to established performance measures. A multi-disciplinary oversight team regularly reviews case and performance data and uses a Continuous Quality Improvement (CQI) process to work with the contractor to understand performance trends and effectiveness of SSCC strategies. When data indicates intervention is required, progressive contract action is taken beginning with technical assistance support, providing training or request for a CQI plan. The SSCC identifies the action steps in the plan, including additional root cause analysis and changes to program or strategy.

Additionally, DFPS is required by Family Code §264.157(a)(2) to contract with an independent entity based in Texas to evaluate the implementation efficacy and SSCC fiscal and performance outcomes. DFPS has entered an interagency contract with the University of Texas at Austin for this evaluation, with a final report due in August 2025.

**G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). (If you have already submitted funding source info through the “Agency Program Information” spreadsheet, please limit your response to funding formulas or funding conventions.)**

Please reference the *Agency Program Information* spreadsheet for funding sources and amounts, including federal grants and pass-through monies. The funding is determined by the federally approved Public Assistance Cost Allocation Plan (PACAP).

*Please reference Attachment 35.*

**H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.**

Once CBC is implemented statewide, foster care services and supports will be provided by the SSCCs in their local community areas. DFPS and OCBCT ensure that there is no duplication in the provision of these services in the community areas, as there is one SSCC for each area. The implementation of CBC is methodical and takes into consideration the current service provision process and policies for each area, including the work with internal DFPS staff and external stakeholders to help alleviate the concerns of the duplication of efforts. Over time, MOUs held by DFPS may transition to the SSCC, as appropriate, to fully align service delivery under the CBC model.

**I. If the division or program works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.**

Per Family Code §264.155, the SSCCs are required to work with the following local entities in the provision of CBC in their catchment areas. The SSCCs must include an initial and ongoing community engagement plan as part of their readiness requirements, which must be reviewed and monitored by DFPS. The community engagement plan includes:

- Community faith-based entities.
- The judiciary.
- Court-appointed special advocates.
- Children’s advocacy centers.
- Service providers.
- Foster families.
- Biological parents.
- Foster youth and former foster youth.
- Relative or kinship caregivers.
- Child welfare boards, if applicable.
- Attorneys ad litem.



- Attorneys that represent parents involved in suits filed by DFPS.
- Any other stakeholders, as determined by the contractor.

**J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.**

**Office of Community-Based Care Transition Duties Modification**

Family Code §264.172, which created OCBCT, is set to expire once all DFPS regions have transitioned to a CBC model with an SSCC. In April 2025, roughly 49 percent of children in DFPS conservatorship were in an SSCC community area, and contract negotiations are underway for an additional three regions to transition within the next biennium. While procuring new SSCC contracts, OCBCT and DFPS will simultaneously re-procure established CBC regions as those contracts expire. Additionally, there continues to be the opportunity for DFPS to accept unsolicited proposals by parties interested in becoming an SSCC, which could change the trajectory and increase the speed of the implementation of CBC across the state.

Although OCBCT is subject to expiration once statewide CBC implementation concludes, the core administrative and oversight responsibilities of OCBCT will remain necessary well beyond the Sunset date. The current OCBCT director, on an interim basis, is also the CBCO director. SSCC contracts must be re-procured every 10 years and require continuous monitoring, reporting, and performance review. These essential functions will continue and will require sustained staffing capacity at DFPS, whether through a continued or restructured organizational model.

**Allow for Specialty Contracts to be held by DFPS**

Certain high-acuity youth in DFPS conservatorship require services from specialty providers; however, these providers may not be available in all areas of the state. Under the CBC model, the SSCCs and the specialized service agencies must negotiate contracts with each SSCC. This creates an administrative burden for a provider that might accept a few children from a particular catchment area or if the service is needed by only a few children across the state. Separate contract negotiations cost valuable time and resources, potentially delay the provision of the service to a child in need, and may result in different cost rates being negotiated between different entities.

DFPS can enter a statewide contract for specialized services that is accepted by all SSCC providers. Adding a statute to allow SSCCs to utilize certain DFPS statewide service contracts would allow specialized service entities to enter a single contract with all SSCCs across the state. Importantly, this would also establish a baseline cost that SSCCs can either utilize or negotiate a separate contract if they so choose. DFPS recommends adding language to specify that SSCCs may utilize certain statewide contracts owned by DFPS for the purpose of meeting client needs in a way that is helpful to both the SSCCs and the specialized providers.

Additional areas for clarification, streamlining, or process improvement in statutory requirements include potential updates to expand flexibility in service delivery models. Current statute limits an SSCC's ability to subcontract for certain direct case management functions. Modifying these provisions could allow SSCCs to subcontract for certain direct case management functions, allowing SSCCs



to leverage a broader network of providers, particularly in rural areas, increasing the availability of qualified resources and enabling SSCCs to implement CBC in ways that best meet the unique needs of each catchment area.

OCBCT also noted the following statutory redundancies and impediments in the FY25-FY29 Strategic Plan:

- **Article II, Section 1.15, Strategy G.1.1 of the General Appropriations Act, 88th Legislature. Community-Based Care.**

Description: The General Appropriations Act for the 88th Legislature, Article II, Section 1.15, Strategy G.1.1 requires that the OCBCT report and publish selected performance measures identified by the LBB that will allow for comparative analysis between the legacy foster care and the CBC systems. DFPS owns and provides the data in the reported format to OCBCT.

Recommendation: OCBCT recommends amending this section of the General Appropriations Act to reflect that DFPS be the required entity to report these measures for business continuity purposes.

Benefit: The recommended change would provide for better business continuity purposes. DFPS owns the data that is reported and provides it in the reported format. This would reduce inefficiencies in the process.

#### **K. Provide any additional information needed to gain a preliminary understanding of the division or program.**

Not applicable.

#### **L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:**

*Why the regulation is needed*

*The scope of, and procedures for, inspections or audits of regulated entities*

*Follow-up activities conducted when non-compliance is identified*

*Actions available to the agency to ensure compliance*

*Procedures for handling consumer/public complaints against regulated entities*

Not applicable.

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

Not applicable.

## VII. Guide to Agency Divisions and Programs – Adult Protective Services

### A. Provide the following information at the beginning of each description.

**Name of division or program:** Adult Protective Services

**Location within the agency:** Deputy Commissioner of Programs

**Contact name:** Kezeli Wold, Associate Commissioner

**Statutory citation:** Chapters 40 and 48, Texas Human Resources Code; Subchapter E, Chapter 261, Texas Family Code; Section 411.114, Texas Government Code

### B. What is the objective of this division or program? Describe its major activities.

The APS program protects adults in the community who are 65 and older or adults aged 18-64 with a disability. APS does this by investigating reports of abuse, neglect, and financial exploitation and providing or arranging for services to alleviate or prevent further maltreatment. APS works with vulnerable adults who reside in the community to address concerns of abuse, neglect, and financial exploitation, such as in their own homes. The APS program performs the following major activities:

- Investigates reports of abuse, neglect, and financial exploitation.
- Provides or arranges for services to prevent or alleviate abuse, neglect, and financial exploitation.
- Assesses factors that may indicate an adult's lack of capacity to consent to services and pursue a medical evaluation as appropriate.
- Refers adult victims to the Texas HHSC Guardianship Services Program for guardianship services when they appear to lack the capacity to consent to services and when guardianship is the least restrictive alternative to ensure their safety and well-being.
- Uses the least restrictive alternative when providing protective services.
- Seeks court orders (when necessary) to gain access to individuals, prevent interference with protective services, provide emergency protective services, and access records or documents.

- Initiates emergency protective services (e.g., removal) after hours and on holidays without a court order when an immediate threat to life or physical safety is present.
- Notifies law enforcement if APS suspects the client is the victim of a crime, or if an APS client is removed from their home under a court order and the client's home is left unattended.
- Enhances and develops community resources to increase awareness of abuse, neglect, and financial exploitation and to address increasing needs of APS clients.
- Conducts a community satisfaction survey to solicit information regarding DFPS performance in providing protective services for adults.

APS also organizes two public awareness campaigns (PartneringtoProtect.org and ProtectTexasAdults.org) to address important issues in protecting adults aged 65 or older and adults aged 18-64 with disabilities in Texas. The campaigns target law enforcement, judiciary partners, other service providers, and the public to increase their knowledge of APS programs and the needs of vulnerable adults.

**C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.**

LBB and internal measures provided in the "Agency Program Information" spreadsheet, data source, and methodology listed below.

Measures of Effectiveness	Data Source	Methodology/Calculation
<b>LBB</b>		
3.1 OC 1 - Incidence of Adult Abuse per 1,000 TX 65+ or w/Disabilities	IMPACT	Divide the number of APS "Validated incidents" defined as investigations of abuse, neglect, and exploitation of Texas adults who are 65 or older or who have disabilities where the disposition is coded as 'VAL' (valid), 'VNF' (valid, not fault), or "VRC" (valid, reportable conduct) during the reporting period (numerator) by the population of adults who are 65 or older or who have disabilities during the reporting period (denominator) and multiply the result by 1,000.
3.1 OC 2 - % Abused/ Neglected/Exploited Adults Served*	IMPACT	What percentage received services of those adults who were validated as having been abused, neglected, or exploited?

Measures of Effectiveness	Data Source	Methodology/Calculation
3.1 OC 3 - % Repeat Agency Engagement within 6 Months (APS)*	IMPACT	Divide count of alleged victims with prior investigation within the past 6 months by all alleged victims in opened INV during FY
3.1 OC 4 - APS Caseworker Turnover Rate*	IMPACT, CAPPS	Using the SAO methodology: Total number of separations divided by the average quarterly number of employees (X 100).
3.1.1 OP 1 - # Completed APS Investigations*	IMPACT	Number of APS abuse/neglect/exploitation investigations completed during the FY.
3.1.1 OP 2 - # Validated APS Investigations*	IMPACT	Number of confirmed APS abuse/neglect/exploitation investigations completed during the FY.
3.1.1 EF 1 - APS Daily Caseload*	IMPACT, CAPPS	Divide the year-to-date sum of all daily APS case counts by the sum of all daily APS caseworkers with primary assignment.
4.1.1 EX 1 - Average Number of APS Clients Served in Cases Closed Per Month	IMPACT	The numerator is the total number of closed investigation stages (INV) with a closure code of "valid, resolved with services/condition stabilized", "client refused services/withdrew from services," "efforts exhausted," "client died (with valid finding)," or "moved/ Unable to Locate (with valid finding)" that were closed during the period. The denominator is the sum of months in the reporting period. Divide the numerator by the denominator. Cases that were opened prior to the case management changes from January 2022 will be counted as they were at the time before the change and added to the total.
<b>Internal</b>		
Caseworker Vacancy Rate	IMPACT	The percentage of APS FTE positions vacant during the reporting period. This number is influenced by hiring and turnover.

Measures of Effectiveness	Data Source	Methodology/Calculation
Caseworker Hires	IMPACT	The number of APS caseworkers hired during the reporting period.
Caseworker Terminations	IMPACT	The number of APS caseworkers terminated during the reporting period.
APS Opened Cases	IMPACT	The number of APS Investigation stages opened/started during the reporting period.
APS Closed Cases	IMPACT	The number of APS Investigation stages closed during the reporting period.
APS Cases Pending	IMPACT	The number of APS I Investigation stages that remain open at end of the reporting period.
APS Cases Pending over 60 Days	IMPACT	The number of APS Investigation stages open where the number of days between intake date and end of reporting period is greater than 60.
APS % Pending over 60 Days	IMPACT	Numerator: The number of APS Investigation stages open where the number of days between intake date and end of reporting period is greater than 60. Denominator: Divide numerator by the total number of APS Investigation stages open at end of reporting period.
Timely Investigations Initiations – P1 (%)	IMPACT	The number of APS investigations designated as P1 where the initiation of the investigation and the initial actual face-to-face contact were both completed within 24 hours of intake date divided by the total number of APS investigations designated as P1. Includes stages closed to merge.

Measures of Effectiveness	Data Source	Methodology/Calculation
Initial Face-to Face Contact Timeliness (Actual and/or Attempted)	IMPACT	Percentage of APS investigations with an actual or attempted face-to-face contact completed within target time period based on priority.
Timely Initial FTF (face-to-face) Actual Contact	IMPACT	Percentage of APS investigations with an actual face-to-face contact completed within target time period based on priority.
Timely Initial FTF Actual Contact – P1	IMPACT	The number of APS investigations designated as P1 where the initial actual face-to-face contact was completed within 24 hours of intake date divided by the total number of APS investigations designated as P1. Includes stages closed to merge.
Timely Initial FTF Actual or Attempted Contact – P1	IMPACT	The number of APS investigations designated as P1 where the initial face-to-face contact was attempted or completed within 24 hours of intake date divided by the total number of APS investigations designated as P1. Includes stages closed to merge.
Closed Cases with Services Provided	IMPACT	Percent of APS investigation stages in which services provided that were closed during the period divided by the number of stages closed during the period.
Percent of Valid Cases with Services Provided	IMPACT	Percent of APS validated investigation stages in which services provided that were closed during the period divided by the number of stages validated during the period.
Percent of Confirmed Investigations	IMPACT	Number of confirmed APS abuse/neglect/exploitation investigations completed during the FY.

Measures of Effectiveness	Data Source	Methodology/Calculation
Recidivism Rate - two or more cases in five years	IMPACT	APS clients with two or more cases opened within the past five years.
Total Number of Investigations Opened	IMPACT	Total number of investigations opened in the period.
Total Number of Investigations Closed	IMPACT	Total number of investigations opened in the period closed.
Average Days to Case Closure	IMPACT	Average number of days the case remained open.

\* Key LBB measures

† May be used by more than one DFPS program

### **APS Quarterly Legislative Report**

SB 6, 79th Regular Session (2005), requires APS to conduct a quarterly performance review and submit the report to the Legislature each quarter. The report contains LBB performance measures and the following.

#### **Staffing Data – Caseworkers:**

- Appropriated FTEs
- Average Filled FTEs Fiscal Year-to-Date
- Annualized Turnover
- Actual Turnover in Each Period (Not Annualized)
- Staffing Data – Supervisors:
- Appropriated FTEs
- Average Filled FTEs (FYTD Actual)
- Annualized Turnover

APS qualitative data is also included and is calculated from case reading scores entered by APS quality assurance specialists for four qualitative measures. Each measure is comprised of a group of sub-items related to the function measured.

#### Qualitative Data:

- Client Safety
- Investigation Rating Scale
- Case Documentation
- Service Provision and Outcomes

Source: [DFPS – Adult Protective Services \(APS\) Reports and Presentations](#)

#### ***Case Reading and Quality Analysis***

APS assesses casework quality through an ongoing case reading process and additional periodic topical analysis. Through these processes, APS quality assurance analysts select a sampling of cases to review whether caseworkers followed DFPS policy and verify appropriate case outcomes. A comprehensive reporting system and database provides management with timely performance updates on casework quality and enables APS to review quality of work statewide. This information allows APS to hold staff accountable, to appropriately adjust policies and procedures, to identify training needs, and in the end, to improve services to clients.

#### ***National Adult Maltreatment Reporting Systems***

The National Adult Maltreatment Reporting System (NAMRS) is a federal data system administered by the Administration for Community Living (ACL) within the U.S. Department of Health and Human Services. It collects voluntary, national-level data on the abuse, neglect, and exploitation of older adults and adults with disabilities. The data allows for a clearer national picture of adult maltreatment. By standardizing reporting and identifying trends, NAMRS supports efforts to strengthen APS programs, inform policy decisions, and improve the protection and care of vulnerable adults. APS provides data to NAMRS annually.

#### ***Community Satisfaction Survey***

DFPS conducts a community satisfaction survey every two years for feedback on APS performance. The Community Satisfaction Survey Results Reports are available for review on-line at:

Source: [APS Community Satisfaction Survey and Report](#)

**D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.**

#### **2015**

Human Resources Code §48.1523 is revised to require APS supervisors to review investigations involving clients with two or more prior APS cases.

HB 3092 requires APS to develop and maintain criteria for determining when an elderly or disabled person is in imminent risk of abuse. It funds a DFPS exceptional item to use the existing Forensic Assessment Center Network (FACN) for consultations in assessing injuries. FACN would also provide ongoing training to APS staff in geriatric medicine and psychological and psychiatric issues of persons with mental illness and cognitive disabilities.



As mentioned in Section 3: History and Major Events, SB 200 directs the APS Provider Investigations program to move from DFPS to HHSC – officially occurring two years later 2017.

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## 2017

HB 3921 amends Texas Finance Code and Texas Securities Act to, at times, require a financial institution or securities professional to place holds on certain transactions when the financial institution or securities professional submitted a report to APS alleging financial exploitation. The legislation also allows APS to request such holds to prevent further exploitation.

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## 2019

HB 3079 moves certain hospice-related investigations from DFPS to HHSC. HHSC is directed to investigate abuse, neglect, or exploitation of adults in residential or inpatient hospice facilities operated by licensed Home and Community Support Services Agencies (HCSSAs) when the care is funded by non-Medicaid sources. APS continues to investigate similar cases in non-residential or inpatient settings.

HB 3428 requires APS caseworkers to complete training on Alzheimer's and dementia, developed by APS or adopted from HHSC and DSHS.

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## 2021

HB 4477 amends state law to strengthen protections against financial exploitation of vulnerable adults by allowing a transaction hold to be requested at any point during an APS investigation. The bill standardizes the hold period to expire on the 10th business day after it is placed, rather than from the date a report is submitted, and allows extensions when authorized by a court or agency.

SB 692 amends Texas Government Code, Chapter 72, Subchapter G, by adding §72.121, allowing broader access to financial records for state audits concerning a ward (a person who has a court-appointed guardian) or a ward's estates.

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## 2023

HB 4696 clarifies "Department" and "Commission" definitions to align investigative authority in Chapter 48, Human Resources Code, and 261, Family Code. It directs abuse, neglect, and exploitation reports for certain providers to HHSC and transfers APS Employee Misconduct Registry (EMR) and HCSSA investigations to HHSC.

HB 728 creates the HHSC-led Statewide Interagency Aging Services Coordinating Council to develop a strategic statewide approach to aging services. DFPS participates as a member agency, with APS serving as a standing member.

The Legislature appropriates funding to sustain three specialized APS financial exploitation units initially established with federal American Rescue Plan Act (ARPA) funding. This legislative support allows APS to continue investigating complex financial abuse cases and maintain dedicated staffing and expertise in this area.

SB 1457 amends the Estates Code, Chapter 1151, to allow a guardian of the person, who is not also a guardian of the estate, to access, manage, and spend up to \$20,000 per year of the ward's fund, for the

ward's benefit. This limits APS ability to investigate allegations of financial exploitation by the guardian of person.

SB 1650 amends Estates Code §751.251 to authorize DFPS, through APS, to petition a court in cases involving suspected misuse of a durable power of attorney (DPOA) to review its validity or the actions of the agent named in it, and to grant relief if needed.

SB 2261 amends the Human Resources Code, Chapter 40, to remove the statutory requirement that APS caseworkers complete the full training program before initiating investigations. This change enables DFPS to implement a competency-based, field-integrated training model for new APS caseworkers.

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## 2024

ACL, under the U.S. Department of Health and Human Services, publishes the first federal rule establishing mandatory standards for state APS programs. While not a state legislative action, APS reviews Texas statutes and determines if changes to state law or administrative rules are needed to comply with the rule. Minimal updates to APS policy are anticipated prior to the 2028 compliance deadline.

APS creates three specialized units with ARPA funds to investigate complex financial abuse cases. The 88th/89th Legislature funds these units beyond the grant's 2024 expiration.

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## 2025

The Legislature funds APS to fully staff its three financial exploitation units specializing in complex financial abuse investigations.

APS is funded to make the Training While Working (a pilot initiated in 2023 using ARPA funds) a full-time, fully funded program. APS receives additional state office support positions to ensure program accuracy.

### **E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.**

APS program clients are adults aged 65 and older or aged 18-64 with a disability and reside in the community. The population base served by APS is growing significantly. Based on Texas State Data Center estimates for 2024, Texans who are aged 65 or older or who are adults aged 18-64 with a disability made up about 20.2 percent of the state's population. In 2024, there were about 4.5 million Texans 65 years of age or older and about 1.8 million Texans with a disability between 18 and 64 years old. Many of these individuals live alone and depend on others for care. APS is not authorized to investigate abuse or neglect allegations occurring in licensed facilities such as nursing homes or assisted living centers; these cases are investigated by the HHSC Regulatory Services Division, and DFPS refers individuals to HHSC or other appropriate regulatory agencies and community resources for assistance.

Chapter 48 of the Human Resources Code authorizes APS to investigate reports of abuse, neglect, and financial exploitation of persons aged 65 and older and adults aged 18-64 with disabilities. Validated victims of abuse, neglect, or financial exploitation are eligible for services to alleviate maltreatment.

In 2024, APS completed 88,004 investigations. Of those, APS validated 51,210 cases of abuse, neglect, or financial exploitation. Of the validated victims, 22.9 percent were adults with a disability aged between 18 and 64 years old and 77.1 percent were adults aged 65 or older. For all cases, 57.7 percent of victims were women and 41.7 percent were men.

**F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.**

APS functions are driven by state laws and are articulated in the [Adult Protective Services Handbook](#). APS is administered through two major functional areas: APS Direct Delivery and APS State Office. These are separated by a direct funding structure, direct delivery and the support of direct delivery, or state office.

### **APS Direct Delivery**

APS Direct Delivery is comprised of 11 regions throughout Texas. Six district directors and 20 regional program administrators supervise field staff. The regional program administrators manage supervisors, and supervisors manage caseworkers.

- Houston District (Houston and surrounding counties)
- Dallas/Fort Worth or DFW District (Dallas/Fort Worth Metroplex and surrounding counties)
- Northwest District (Three regions that include Lubbock, Midland, Abilene, and multiple rural areas in northwest Texas)
- Austin-El Paso District (Two regions that include Austin and surrounding counties, and El Paso and surrounding counties to the east)
- East Central District (Two regions that include Beaumont, Tyler, and much of east Texas)
- South District (Two regions that include San Antonio and surrounding counties, Corpus Christi area, and the Rio Grande Valley and surrounding counties)

Caseworkers investigate reports of abuse, neglect, or financial exploitation and coordinate support services within the community to alleviate or prevent further maltreatment. APS program supervisors consult with caseworkers at specific points during an open case. The supervisors review and approve all cases before closure.

APS has specialized staff in each region who have expertise in financial exploitation and self-neglect cases, known as the evidence-driven investigation and the self-neglect risk subject matter experts. These experts provide a critical resource for staff in gathering key evidence that may lead to legal action and in addressing complex medical and social factors to ensure the safety of clients. Staff specializing in APS-specific community engagement are centralized within DFPS and increase community partnerships and collaborations with service providers, law enforcement agencies, the judicial community, civic organizations, and volunteers. These staff members interact with the community daily and foster an environment of positive relationships between the community and all APS staff.

## ***Direct Delivery Process***

### **Case Initiation**

When an intake is complete and priority assigned, SWI forwards the report to the appropriate APS region. An APS supervisor or a router in the region then assigns a caseworker to investigate the allegations.

Within 24 hours of SWI creating the intake, an APS caseworker contacts a person who has current and reliable information about the client's situation to determine whether immediate action is required. This contact is referred to as the case initiation contact. While initiating the case, the APS caseworker begins gathering information about the severity of the allegations, assessing immediate interventions, and asking questions to help identify what information or evidence may be necessary for the investigation. This information helps the caseworker determine how quickly to attempt an initial face-to-face contact with the client. When the case initiation contact cannot be made by phone, the caseworker attempts face-to-face contact with the client, also within 24 hours of intake.

The time frame for the initial face-to-face contact with the client depends on the final priority of the case. During the initial face-to-face contact with the client, the caseworker discusses the allegations reported, assesses client safety, and begins gathering evidence to establish if, or to what extent, the client is experiencing abuse, neglect, or financial exploitation. After the initial face-to-face contact, the caseworker maintains monthly contact with the client or another person who can provide current and reliable information about the client's safety and situation, until the case is closed.

### **Conducting Investigations**

APS interviews all appropriate persons, including reporters, clients, alleged perpetrators, witnesses, medical staff, and others who have knowledge about the allegations and client's situation. APS clients and alleged perpetrators may refuse to cooperate with an APS investigation; APS continues the investigation, to the extent possible, without their cooperation. APS does not audio or video record interviews. Instead, the caseworker documents a summary of the information obtained or may obtain a written statement.

When interviewing the client about the allegations, the caseworker requests to interview the client alone. However, if the client prefers to have another person present for the interview, including the alleged perpetrator, the caseworker respects the client's preference and allows others to remain.

Alleged perpetrators in APS cases are made aware of the allegations either verbally or in writing and are provided an opportunity to be interviewed and provide evidence. If an alleged perpetrator cannot be interviewed, the caseworker weighs all available evidence to determine whether there is a preponderance of the evidence to support a finding.

APS also interviews others who may have knowledge of the client's circumstances, including the person who reported the case or others who may be involved, such as friends, family members, neighbors, medical or mental health professionals, and law enforcement.

APS does not collect physical evidence. If physical evidence is available, the caseworker documents the evidence by taking a photo and documenting a description of the evidence. If physical evidence indicates a criminal offense, APS calls law enforcement to notify them of the physical evidence.

APS collects demonstrative evidence by taking photos or drawing diagrams of injuries and environments. APS also collects documentary evidence such as medical reports, financial records, and law enforcement reports. All collected evidence is analyzed to help determine whether, and to what extent, abuse, neglect, or financial exploitation occurred. The evidence is also included in the case record.

After completing an investigation, the caseworker evaluates the evidence to determine whether the preponderance of the evidence supports or refutes each allegation. APS uses the terms Valid, Invalid, and Unable to Determine to describe whether the evidence supports the allegation.

### ***Financial Exploitation Support***

APS has dedicated financial exploitation units to investigate complex cases involving theft, fraud, or misuse of resources. These teams consist of specially trained staff with expertise in banking, fiduciary law, and investigative techniques. Staff receive specialized training to refer cases for forensic review. These referrals provide in-depth analysis of financial documents and have led to increased collaboration with law enforcement and district attorneys' offices.

### **Providing Services**

If APS finds an allegation of abuse, neglect, or financial exploitation is valid, and the client is willing to participate, APS may provide or arrange services to remedy or prevent further harm. The services may be provided directly to the client, a family member, or caretaker. APS may also provide services to the client by working with the client's family or community stakeholders, or by paying for a short-term expense on an emergency basis using DFPS Purchased Client Services (PCS) funds. The caseworker may use PCS funds to pay for goods and services such as shelter, food, medication, heavy cleaning, restoration of utilities, transportation, and minor home repair. Before using PCS funds to pay for a service, APS caseworkers explore the availability of community resources for assistance.

When developing a service plan with the client, caseworkers consider services offered by the HHSC community-based programs as an alternative to care in a facility such as a nursing home. APS also refers clients to other social or community services and refers cases that may require guardianship services to the HHSC Guardianship Services Program or county-based guardianship programs.

APS's goal for service delivery is to alleviate current and future risk of abuse, neglect, or financial exploitation by promoting client safety, identifying the root cause of harm, and offering actions or services to resolve identified problems while keeping the client in the least restrictive environment. Caseworkers work with clients to develop a service plan that considers the client and caretaker strengths and areas of need and the resources available. Caseworkers involve clients with the development of the service plan and make reasonable efforts to resolve each problem. The term reasonable effort recognizes that a client's personal choices may limit the effectiveness of APS intervention, resources to help clients are limited, and APS cannot resolve all situations.

Clients with the capacity to do so may refuse or withdraw from APS services. When a client refuses or withdraws from services, APS considers whether there are any indicators the client is unable to understand the nature of services offered and the consequences of agreeing to or refusing services. The caseworker's opinion about the client's decision-making ability is not the sole basis for not providing services to a client whom APS has assessed to be unsafe. In this situation, the caseworker

seeks a medical or mental health evaluation of the client to determine whether the client is physically or mentally capable of making informed decisions. When a medical or mental health professional has determined the client lacks the ability to make informed decisions and the client is at high risk of harm, APS seeks legal actions as permitted by Human Resources Code Chapter 48.

### **Closing the APS Case**

APS applies the standards of reasonable effort, resolution, and stability before closing a case involving a valid allegation and applies professional judgment in making the decision to close. When a caseworker believes a case is ready for closure, the case is submitted for review and approval to someone higher on the chain of command than the caseworker. Only staff members in the position of supervisor, program administrator, district director, or director of field operations may electronically approve a case for closure.

For more information on the above-mentioned APS policies and procedures, please refer to the [Adult Protective Services Handbook](#).

*Please reference Attachment 38.*

### **Administration of APS State Office**

APS State Office provides centralized administration and oversight of the APS program. Its key responsibilities include professional expertise in policy and performance management, strategic planning, administrative and operational services, and statewide management of field operations. Field division services are critical to APS success and are supported through main divisions within APS State Office, including Policy and Performance Management, Associate and Deputy Commissioner Unit, and Field Operations.

#### ***Associate Commissioner and Deputy Associate Commissioner***

The Associate Commissioner and Deputy Associate Commissioner units provide strategic and operational leadership for the APS program. Together, these teams guide agency engagement with legislative and external stakeholders, oversee grant management, and coordinate initiatives that impact APS at both the program and policy levels.

These units are also responsible for managing the program's internal operations, including statewide contracts and purchases, budget and FTE alignment, and coordination with DFPS divisions such as data, finance, and human resources. They support APS through applied research, professional development, and the creation of decision-support tools and program materials. APS's research function facilitates data sharing and external research partnerships and leads national collaboration efforts to ensure APS remains at the forefront of adult protection practice.

Technology oversight is another key area of responsibility. APS IT staff work closely with DFPS IT and the Project Management Office to enhance the agency's case management system, troubleshoot issues, and ensure that system functionality meets statutory and programmatic needs. These positions prioritize field feedback, manage development pipelines, and ensure timely implementation of enhancements and fixes.



This leadership group also oversees the APS strategic planning process, which guides continuous improvement efforts across the program. The current APS Strategic Plan is built around three core goals:

- **Client Goal:** Optimize specialization to meet increasingly complex client needs.
- **Workforce Goal:** Build the premier adult protective services workforce in the country.
- **Partnership Goal:** Strengthen community engagement to help neighbors help neighbors.

Source: [Adult Protective Services Strategic Plan Fiscal Years 2022-2026, November 2023 \(Revised\)](#)

### ***Policy and Performance Management***

The Policy and Performance Management team ensures APS program integrity by aligning practice with policy and continuously improving case quality. The team is responsible for developing and maintaining clear, consistent policies and procedures, conducting statewide case reviews, and supporting field staff through training, consultation, and data-informed feedback.

Policy staff analyze legislative and regulatory changes, update APS policy and administrative rules, and guide implementation efforts across the program. During each legislative session, they assess the impact of proposed bills on APS clients, services, and operations, and work closely with other program areas to translate statutory changes into practice.

Performance Management staff conduct ongoing reviews of closed cases to evaluate adherence to policy, identify strengths and gaps, and inform statewide trends. Findings are shared with leadership and field staff through a centralized reporting system that supports targeted improvements and accountability at all levels.

Together, the team delivers training and technical assistance across the state, responds to internal and external inquiries, and serves as a resource for policy clarification and performance expectations. This integrated approach supports consistent, high-quality service delivery, and drives continuous improvement across the APS program.

### ***Field Operations***

Field Operations key processes:

- Provides statewide management and oversight of regional activities.
- Coordinates strategic planning efforts across 11 APS regions.
- Serves as the primary liaison with district leadership.
- Assists with procurement of direct client services.
- Manages the Training While Working (TWW) program.
- Oversight of Caseworker Mentorship and Supervisor Mentorship Program.
- Supports field staff through community engagement efforts.

The Field Operations division is responsible for program management and oversight across 11 regions to ensure APS investigations and services are provided within the scope of policy. The division works to ensure vulnerable Texans are served equitably across the state and is tasked with implementing strategic initiatives throughout each region, serving as a communication liaison with regional leadership and state office personnel. The office is responsible for contract procurement of purchased

client services to help provide direct goods and services for APS clients. The team has direct oversight of new caseworker training (TWW) and works jointly with DFPS's Faith-Based and Community Engagement team to ensure APS is providing education and developing partnerships with our stakeholders.

Field Operations is responsible for advanced consultative services and technical assistance to implement field workforce initiatives, as detailed in the APS Strategic Plan, related to recruitment, training, retention, and succession planning. This includes leading workforce initiatives such as the APS Mentor Program, APS Supervisor Mentor Program, APS Supervisor Cohorts, and APS Internship Program. Responsibilities involve planning, developing, coordinating, and implementing these projects in collaboration with district leadership to strengthen field operations.

### ***Field Operations Support Functions***

Field Operations also creates efficiencies where opportunities occur to increase the tenure of the APS field workforce by reviewing and analyzing workforce data such as exit interviews, surveys, and resignation or dismissal rates. The data is used to identify trends, challenges, and opportunities for improvement. The findings and recommendations are regularly submitted to APS district leadership to support informed decision-making and enhance field operations.

### ***Medical and Expert Consultation Support***

APS partners with FACN at UTHealth McGovern Medical School to strengthen investigations involving suspected abuse or neglect. FACN provides access to medical professionals who offer assessments, record reviews, and expert consultations when local expertise is unavailable. These services support evidence-based decision-making and can be used in court proceedings, enhancing the program's ability to protect clients.

### ***Training While Working***

APS launched TWW program in 2023, a field-based and competency-driven training model for new caseworkers and the most significant training redesign for new APS workers since 2004. TWW integrates real-time case experience with structured skill development and has replaced the traditional classroom-based training model. This model allows trainees to begin casework earlier once competency is demonstrated, supporting readiness and reducing turnover. Field Operations oversees performance management of TWW to include data collection and analysis of trends. This includes facilitating various meetings such as monthly TWW meetings and in-person assessment meetings with all 24 training supervisors. This unit also maintains and updates all TWW materials such as the handbook, assessment templates, guided observation forms, and others.

### ***Partnering to Protect***

In 2023, APS launched the Partnering to Protect initiative to enhance community collaboration and service coordination. This effort supports strategic plan goals related to community engagement and provides a framework to help staff build and sustain effective partnerships that improve client outcomes and reduce recidivism.



### *APS Mentor Program*

The APS Mentor Program supports TWW and reinforces the DFPS practice model of protecting vulnerable adults from abuse, neglect, and exploitation. The program contributes to overall workforce stability by fostering strong peer support, improving job readiness, and reducing turnover among new staff.

### *APS Supervisor Cohort – Peer Support*

APS supervisor cohorts are ongoing supervisor-specific peer support groups for new supervisors. Each cohort consists of newly hired supervisors from various districts, and the duration is six months. The goal of the cohort is for participants to attend supervisor training together to have peers along their path during their leadership journey. The cohorts provide a valuable opportunity for new supervisors to collaborate and connect with peers outside of their own districts.

### *Program Internship Liaison*

The program internship liaison works to recruit and develop future APS staff across the state. This includes coordinating with APS districts to identify placement opportunities, supporting interns throughout their field experience, and help them explore permanent roles in APS when possible. The liaison collaborates with universities and other state agencies to promote the APS internship program to build partnerships and strengthen the pipeline of qualified talent entering the APS workforce.

**G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). (If you have already submitted funding source info through the “Agency Program Information” spreadsheet, please limit your response to funding formulas or funding conventions.)**

Please reference the Agency Program Information spreadsheet for funding sources and amounts, including federal grants and pass-through monies. The funding is determined by the federally approved Public Assistance Cost Allocation Plan (PACAP).

*Please reference Attachment 35.*

**H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.**

### **Investigations**

HB 4696, referenced in Question D, clarified reporting definitions for DFPS and HHSC. DFPS has established several MOUs to avoid duplication and conflict with programs conducting similar investigations or providing similar services, and coordinates services in the best interest of clients.

## Service Delivery

To avoid duplication and conflicts, APS and DFPS Faith-Based and Community Engagement staff work closely with a variety of other service organizations and agencies such as local mental health authorities, children's advocacy centers, domestic violence shelters, hospital social work and discharge planning departments, and area agencies on aging to build sound working relationships, clarify mutual roles and responsibilities, and address conflicts. At the state level, APS participates with CPS, HHSC, and the Texas Council on Family Violence on an interagency steering committee to address concerns related to domestic violence against CPS and APS clients. APS is also a member of the HHSC Statewide Interagency Aging Services Coordinating Council. DFPS maintains and periodically renews MOUs with domestic violence shelters. APS staff members participate at the state and local level in numerous regional or local groups when current or potential APS clients have needs that require coordination across multiple organizations. Examples include APS Special Task Units, Elder Justice Coalitions, Senior Justice Assessment Centers, and hoarding task forces meetings, among others.

The organization that most closely mirrors the APS service delivery function is Area Agencies on Aging (AAA). APS and AAA make referrals to each other based on ability to meet client needs in a specific case and, on occasion, will work together to develop and deliver a service plan for a client.

DFPS and the HHSC Guardianship Services Program have an MOU outlining the coordination of policies and procedures, clarifying operational issues, and the formation of a joint workgroup to continue discussing policy and procedural concerns affecting the referral of clients, assessment processes, and the delivery of guardianship services. Representatives from both agencies served on a joint committee set up to ensure services were coordinated to effectively serve and protect clients. The MOU establishes a joint staffing and appeal process for cases in which DFPS makes a referral for guardianship, but HHSC does not agree a guardianship is needed.

### **I. If the division or program works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.**

Administration for Community Living (ACL) is a federal agency that works to improve the quality of life for older adults and people with disabilities. It plays a key role in overseeing and administering programs related to elder justice, including those funded under the Elder Justice Act (EJA). State agencies, like DFPS, that receive EJA funding are responsible for implementing programs and services that support the prevention, detection, and response to elder abuse, neglect, and exploitation. ACL collaborates with these state agencies by providing guidance, technical assistance, and funding to enhance state efforts to protect vulnerable older adults, ensuring that EJA funds are effectively used to address elder justice concerns at the state and local levels.

As described in Question H, APS coordinates services for clients with multiple needs by working with regional governments, including local mental health authorities and the Councils of Governments that are home to AAA. APS coordinates services for clients with local governments like housing authorities and health and human services departments. APS may make referrals to various regulatory divisions of local governments if it discovers code violations during an investigation. APS also works closely with many local law enforcement jurisdictions to coordinate investigations as appropriate. Finally, APS works with local probate and other courts when seeking an emergency order to protect clients or other necessary legal action.

**J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.**

**Functions and Purpose of APS Special Task Units**

Human Resources Code §48.1521 requires the establishment of Special Task Units (STUs) in counties with populations of 250,000 or more to monitor complex APS investigations. The statute defines required membership and places responsibility for appointing members on the counties; however, many counties have struggled to secure participation from the statutorily mandated members. Since the enactment of this requirement in 2005, APS has increasingly relied on ad hoc multidisciplinary teams tailored to the specific needs and circumstances of each case. These flexible teams have proven more effective in addressing complex investigations. The Legislature may wish to review the ongoing utility of STUs and consider statutory changes – such as repealing the provision, limiting its application to only the largest counties, or making participation permissive – to better align with current practice.

**Management Review Following Certain Investigations**

Human Resources Code §48.1523, referenced in Question D, requires APS supervisors to conduct reviews of investigations involving clients with two or more prior APS cases. Since then, APS has implemented multiple enhancements to identify and monitor such cases, including:

- System-generated indicators in IMPACT that flag clients with multiple prior cases.
- A structured decision-making model to assess risk for future abuse, neglect, or exploitation.
- Integration of prior case history into SWI reports to support early intervention.

These internal mechanisms allow APS to proactively address repeat maltreatment and apply supervisory oversight without relying solely on the statutory review requirement. The Legislature may wish to evaluate the continued necessity of §48.1523 given these improvements and consider repealing or revising the provision to reduce duplication and administrative burden.

**K. Provide any additional information needed to gain a preliminary understanding of the division or program.**

Not applicable.

**L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:**

*Why the regulation is needed*

*The scope of, and procedures for, inspections or audits of regulated entities*

*Follow-up activities conducted when non-compliance is identified*

*Actions available to the agency to ensure compliance*

*Procedures for handling consumer/public complaints against regulated entities*

Not applicable.

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

Not applicable.

## VII. Guide to Agency Divisions and Programs – Various Administrative & Support Divisions

### A. Provide the following information at the beginning of each description.

**Name of division or program:** Various Administrative & Support Divisions

**Location within the agency:** Location varies by function

**Contact name:** Various

**Statutory citation:** Various

### B. What is the objective of this division or program? Describe its major activities.

DFPS administrative and support functions provide the leadership, oversight, and infrastructure necessary to deliver services effectively across the agency. While some functions such as finance, legal counsel, and executive leadership are common to many state agencies, DFPS also maintains unique administrative capabilities tailored to its mission. These divisions ensure compliance with state requirements and support the operational needs of DFPS programs.

#### Office of the Commissioner

The DFPS Commissioner provides executive leadership for the agency, reporting directly to the Governor and serving as the chief steward of the agency's mission to protect children, vulnerable adults, and families in Texas. The Commissioner guides the development of rules and policies, ensures their effective implementation, and represents DFPS in matters of statewide significance. This role encompasses oversight of all programs and operations, strategic engagement with legislative and executive leaders, and the responsibility to advance the agency's vision, priorities, and performance.

## **Office of the Chief of Staff**

Reporting directly to the Commissioner, the Office of the Chief of Staff provides strategic coordination across the agency to ensure alignment of policies, external communications, and stakeholder engagement with DFPS's mission and priorities. The chief of staff oversees functions essential to maintaining effective relationships with external partners, including the Office of Stakeholder and Government Relations and the Office of Media Relations. These functions manage legislative and stakeholder outreach, respond to media inquiries, and lead proactive communication strategies to keep the public, partners, and policymakers informed about DFPS programs, initiatives, and outcomes.

## **Office of the General Counsel**

The Office of the General Counsel reports to the DFPS Commissioner and oversees the agency's legal services, providing counsel, representation, and training to support DFPS's mission and ensure compliance with state and federal law. The office includes Special Litigation, Special Projects, Training, and Contracts Units, as well as Administrative Support, Policy & Appeals, and Regional Litigation Divisions. Administrative Support manages employment matters, conflict-of-interest reviews, and open records requests.

DFPS's legal authority is unique among Texas state agencies. In child protection cases requiring court intervention, legal representation is provided according to a statutory order of preference: county or district attorneys first, then the Office of the Attorney General (OAG), and finally DFPS attorneys when the first two options are unavailable. State law authorizes the OAG to deputize all DFPS regional attorneys to act on its behalf in these matters. In practice, DFPS regional attorneys represent the agency directly, ensuring the agency can maintain continuity and expertise in high-priority child protection cases.

## **Office of Behavioral Health Strategy**

Reporting directly to the Commissioner, the chief strategist for behavioral health leads statewide efforts to improve access to and quality of behavioral health services for children involved with DFPS. The office partners with state and local agencies and community providers to identify system gaps, remove barriers, and expand capacity in both community-based and residential treatment settings.

The office's work includes conducting statewide behavioral health gap analyses, developing strategic partnerships, and guiding behavioral health initiatives to increase use of existing Medicaid and state-funded services. The office also represents DFPS in statewide behavioral health planning, including the Statewide Behavioral Health Coordinating Council, the Texas Child Mental Health Care Consortium, and other interagency workgroups. Through these activities, the office advances a coordinated, strategic approach to meeting the complex needs of Texas's most vulnerable children.

## **Office of Strategic Operations**

Reporting directly to the Commissioner, the Office of Strategic Operations builds and strengthens the agency's internal administrative foundation, ensuring consistency, efficiency, and alignment across operations. The office documents and refines processes and coordinates agency-wide initiatives that connect DFPS leadership and staff. It also oversees the Office of Faith-Based and Community Engagement, which partners with faith communities, foundations, advocates, and volunteers to

expand resources and mobilize community support for DFPS programs serving children, families, and vulnerable adults across Texas. Additionally, the office oversees the Family First Prevention Services Act (FFPSA) division, which leads Texas' FFPSA efforts focused on implementing evidence-based services for families with children at risk of entering foster care through the Texas Family First pilot program.

### **Office of Internal Audit**

Reporting directly to the Commissioner, the chief internal audit officer leads an independent function that evaluates the agency's systems of internal controls and operational performance. The office provides objective analyses and recommendations to improve the quality, efficiency, and effectiveness of DFPS programs and operations.

### **Office of the Deputy Commissioner of Programs**

Reporting to the Commissioner, the deputy commissioner of programs provides strategic systems support to agency leadership and coordinates program operations that build on strengths of families and communities to keep children and vulnerable adults safe, so they thrive. This office ensures that programs operate with a focus on safety, integrity, and collaboration, while driving continuous improvement and aligning services with the agency's mission, vision, and values. The Office of the Deputy Commissioner of Programs oversees SWI, CPI, CPS, APS, Foster Care Litigation, the Office of Child Safety, the Office of Special Projects, and the DFPS Medical Director.

### ***Office of Foster Care Litigation Compliance***

Serves as DFPS's primary liaison with federal court monitors in the foster care lawsuit, coordinating cross-divisional compliance with court orders and facilitating consistent agency implementation of litigation requirements. As part of these efforts, the office also oversees the Awake/Night Supervision team, which monitors provider compliance with court-ordered awake overnight staffing requirements to ensure the safety and wellbeing of children in care.

### ***Office of Child Safety***

Provides expert review and consultation with program on high-risk cases, conducts independent evaluations of child fatalities and near fatalities, and identifies prevention and practice improvement strategies. The office works with DSHS through the State Child Fatality Review Team, engages cross-sector partners to reduce fatalities, and supports legislative, media, and community education efforts.

### ***Office of Special Projects***

Leads cross-program efforts to address complex, high-priority issues impacting DFPS program operations and outcomes. While its current priority is reducing the number of children without placement (CWOP) by coordinating services and removing barriers to appropriate placements, the office's scope is designed to adapt as agency needs evolve. Presently, the office oversees Ferne House, a DFPS-operated CWOP facility opened in April 2024 to stabilize high-needs youth, and serves as the lead for implementing HB 109 in coordination with HHSC. Future responsibilities include advancing cross-divisional and agency initiatives while addressing emerging challenges that require focused, flexible leadership.



### ***DFPS Medical Director***

Provides consultation, leadership and policy guidance on client health issues, ensuring integration of best health care practices into DFPS policy. Oversees psychotropic medication monitoring for children in foster care and advises on health-care-related initiatives across programs.

### **Office of the Deputy Commissioner of Operations**

Reporting directly to the Commissioner, the deputy commissioner of operations provides strategic systems support to agency leadership and oversees the operational divisions that keep DFPS running efficiently and securely. This office ensures the finance, infrastructure, technology, data, and oversight functions are in place to support the agency's mission to build on the strengths of families and communities to keep children and vulnerable adults safe, so they thrive. The deputy commissioner of operations oversees the Office of the Assistant Deputy Commissioner of Operations, the Office of Finance, the Office of the Chief Operating Officer, the Division of Consumer Affairs and Appeals, the Office of Strategic Initiatives and Continuous Improvement.

### **Office of the Assistant Deputy Commissioner of Operations**

The assistant deputy commissioner of operations manages the agency's technology, information security, and data functions. Divisions under this office include Background Check and Search Services, Heightened Monitoring, Information Technology Services, the Office of Information Security, and the Office of Data & Systems Improvement.

#### ***Background Check and Search Services***

This division oversees all DFPS criminal history and investigative background checks, serving as the agency's primary liaison to the Texas Department of Public Safety, and supports the HHSC Regulatory and Human Resources divisions by coordinating employment-related background screenings. It also manages the Office of Interagency Coordination for Reportable Conduct (OICRC), which is implementing Search Engine for Multiagency Reportable Conduct (SEMARC) – a statewide system to share investigative findings of abuse, neglect, or exploitation with HHSC, the Texas Education Agency, and the Texas Juvenile Justice Department to prevent unsuitable individuals from working with vulnerable populations (referenced in Section VII: Agency Comments). The division also operates the Family Inquiry Network/Database Research System (FINDRS) to help locate missing relatives and identify potential placements for children and vulnerable adults in DFPS care.

#### ***Office of Heightened Monitoring***

Established in response to MD v. Abbott Remedial Order 20, this office identifies, tracks, and addresses concerns at foster care facilities that demonstrate a pattern of contract or policy violations. Working in close coordination with HHSC Regulatory and internal DFPS divisions, the office monitors compliance, supports providers in meeting standards, and serves as the agency's subject matter expert for heightened monitoring matters.

### ***Office of Information Security***

This office safeguards DFPS data and systems by ensuring confidentiality, integrity, and availability in compliance with federal, state, and agency policies. It serves as the agency's internal and external point of contact for information security matters.

### ***Office of Information Technology Services***

This office manages all DFPS technology and telecommunications systems, from application maintenance and infrastructure support to cybersecurity, equipment procurement, and project management. Provides 24/7 technical support to DFPS's highly mobile statewide workforce, ensuring staff have the tools and connectivity needed to serve children, families, and vulnerable adults in the field. The division is currently leading the development of the new case management system as referenced in Section XII: Agency Comments.

### ***Office of Data and Systems Improvement***

The chief data & analytics officer (CDAO) leads the agency's data strategy, ensuring consistent performance measurement, quality improvement, and outcome tracking across all DFPS programs. The office helps divisions craft clear and consistent performance, quality, and outcome measures; provides non-budget-related data to inform decision-making; and applies advanced analytics, continuous quality improvement practices, and evaluation methods to identify root causes of system issues.

Working closely with program leaders, the division identifies opportunities for program change, designs targeted improvement strategies, and tracks the impact of implemented solutions. This work supports evidence-based decision-making and drives sustainable improvements in practice and policy. The office also coordinates evaluation of the CBC system in partnership with CPS, CBC Operations, and Contracts, ensuring oversight and data transparency.

### **Office of Finance**

Reporting to the deputy commissioner of operations, the chief financial officer oversees all budgeting and financial matters for the agency and serves as the fiscal liaison to external leadership offices such as the LBB, the Governor's Office, and the Comptroller of Public Accounts. The Office of the Chief Financial Officer includes Budget, Client Services, Forecasting, Federal Funds, and Accounting. The division is currently leading the transformation of foster care provider payment structures through the Texas Child-Centered Care (T3C) payment reform initiative, as referenced in Section XII: Agency Comments.

The Travel Unit within the Office of Accounting processes reimbursements primarily for DFPS frontline staff, who make up the majority of DFPS workforce and spend substantial time traveling in their personal vehicles to serve children, families, and vulnerable adults across Texas. As a result, DFPS consistently reports the highest travel expenses among all Texas state agencies. The Travel Unit plays a critical role in supporting these staff by ensuring travel reimbursements are accurate, timely, and compliant, while maintaining responsible stewardship of state resources.



## **Office of the Chief Operating Officer**

Reporting to the deputy commissioner of operations, the chief operating officer (COO) provides vision, leadership, and strategic direction for DFPS operational infrastructure. The COO ensures the agency's service programs are supported by effective facilities management, contracting, purchasing, workforce development, and operational policy. The office coordinates closely with HHSC on shared services, including facility support, procurement, and other administrative functions, to ensure smooth operations statewide.

The COO also oversees the contracting functions that fund and deliver essential client services, from residential foster care to in-home supports for vulnerable adults, and ensures these resources are available where and when they are needed. This work is fundamental to DFPS's ability to protect children and vulnerable adults while supporting strong families and communities.

### ***Office of Operations and Facilities Support***

This division manages all agency space planning, asset management, and facilities needs in partnership with HHSC. DFPS works through HHSC to engage the Texas Facilities Commission on office space needs and services. This arrangement is in place to ensure DFPS offices are safe, functional, and properly equipped, while resolving reported issues promptly.

### ***Records Management Group***

This team plays a critical role in protecting vulnerable Texans by ensuring caseworkers have rapid, seamless access to the vital case information they need to make informed, time-sensitive decisions. Handling more than 5,500 record requests every month from families, courts, professional partners, and the public, the group's work touches nearly every aspect of DFPS's mission. Their efforts help finalize adoptions that create forever families, provide the documentation needed to uphold investigative integrity, support legal proceedings, and maintain transparency with the public. The division adheres to strict confidentiality, compliance, and privacy safeguards to protect sensitive information while ensuring it is accurate and secure.

### ***Purchased Client Services***

Reporting to the COO, Purchased Client Services (PCS) is the backbone of DFPS's ability to deliver essential services to children, families, and vulnerable adults. Every day, PCS ensures the right services are in place – whether it's securing safe residential placements for children in care, providing parents with resources to address root causes of safety concerns, or helping vulnerable adults remain in their homes. Through strategic procurement, vigilant contract management, and robust performance monitoring, PCS ensures taxpayer dollars are used effectively to deliver high-quality, mission-critical services across Texas. PCS include the following areas:

#### ***Residential Contracts***

Oversees contracts with 24-hour residential child care facilities and child-placing agencies, establishing qualifications, standards, and expected outcomes. Residential contract managers, based regionally, work closely with CPS, Residential Child Care Licensing, and third-party service-level contractors to ensure provider compliance, resolve issues, and serve as liaisons between providers and DFPS field staff. While the work of this group changes with the growth of the CBC model, until the state is fully transitioned this group plays a vital role in the provision of residential care for children.

### *Regional Contracts*

Manages purchased client services contracts across the state to expand DFPS's capacity to serve communities. Contracts include direct services such as post-adoption support, evaluations, and treatment, Preparation for Adult Living (PAL), and adoption services, as well as support services like MOUs with other state agencies and Title IV-E county and university agreements. A centralized team in Austin manages state office contracts that provide direct client services, support services, or demonstration projects.

### ***Contract Oversight and Support (COS)***

Develops agency-wide contracting policies and procedures, provides training and technical assistance to contracting staff, and ensures quality assurance through monitoring, internal controls, and risk assessments. COS maintains the agency's contract monitoring plan, supports data-driven decision-making, and safeguards the integrity of contract management practices.

Across all areas, COS monitors contractor performance through on-site visits, desk reviews, billing reviews, and fiscal and programmatic monitoring to verify that services are delivered effectively, efficiently, and in compliance with state and federal requirements. By aligning contract management with program goals, COS ensures DFPS maximizes resources and delivers services that directly support the agency's mission to keep children and vulnerable adults safe, so they thrive.

### ***Workforce Development Division***

Reporting to the COO, Workforce Development supports DFPS through human resources functions that span the entire employee lifecycle – recruiting the right team members, training them to perform high-quality work, ensuring their safety and wellness on the job, and providing supervisors with tools and support to help staff succeed. It also provides agency-wide leadership for recruitment and retention initiatives, including the Recruitment and Retention Task Force, which has successfully reduced turnover in recent years. The Workforce Development Division includes Human Resources, Talent Acquisition Group, Learning & Development, Worker Safety Support, and Wellness Coordination.

By integrating recruitment, learning, retention, safety, and wellness, the Workforce Development Division ensures DFPS attracts, prepares, and retains a skilled, resilient, and committed workforce.

#### *Talent Acquisition Group*

Talent Acquisition Group (TAG) leads statewide hiring efforts for direct delivery positions at DFPS, covering SWI, CPI, CPS, and APS. TAG manages every step of the recruitment process, from screening and interviewing candidates to processing new hires and conducting new employee orientations. The team handles all pre-employment paperwork, initiates background and reference checks, and makes sure all hiring standards are met.

TAG works hand-in-hand with program leaders throughout Texas, tracks key hiring metrics, and takes part in statewide recruitment events to help strengthen the DFPS workforce. Within TAG, the Talent Acquisition Partners (TAP) unit specializes in making the hiring process more efficient and offers dedicated support to DFPS leadership.

### *Learning and Development*

Given that most employees serve in frontline roles, the division's work is people-centric and focused on attracting individuals committed to the agency's mission. It partners closely with program experts to design and deliver training that prepares staff to succeed in the field. Learning and Development oversees agency training programs, including the Training Academy and leadership development, ensuring all instruction is tailored to the unique needs of each program.

### *Worker Safety Support*

Recognizing that frontline work can be both physically demanding and emotionally taxing, the division integrates safety and wellness initiatives into every stage of an employee's lifecycle. This includes training on field safety practices, resources for managing secondary trauma, and wellness supports to sustain long-term engagement in this challenging work. The division helps employees navigate and mitigate threats they may encounter in the field or workplace. This includes developing personalized safety plans, reviewing online presence to reduce risks, providing guidance on issues ranging from harassment to dog attacks, and offering specialized safety trainings on situational awareness, digital security, and emergency communications.

### *Wellness Coordination*

Through the Wellness Program, the division promotes a workplace culture that encourages sustainable healthy lifestyle choices and supports work-life balance. The program offers resources and coordinates events to educate employees, foster healthy habits, and build a sense of community within DFPS – recognizing that a healthy, supported workforce is essential to achieving the agency's mission.

## **Division of Consumer Affairs and Appeals**

Reporting to the deputy commissioner of operations, the Division of Consumer Affairs and Appeals oversees the Office of Consumer Affairs (OCA) and the Office of Appeals (OOA).

OOA conducts independent reviews of DFPS decisions in contested cases involving CPI and CCI. Resolution specialists perform administrative, preponderance, and legal/factual sufficiency reviews; support the administrative hearing process, including providing testimony; and analyze trends to inform training, policy, and practice improvements. These activities strengthen the quality and consistency of investigations and ensure due process for all parties.

The OCA manages case-specific complaints related to DFPS programs, including CPI, CPS, APS, SWI, and CCI. Because OCA operates outside the direct chain of command for these program areas, it provides neutrality in addressing complaints, legislative inquiries, and appeals. The office also handles secondary appeals of confirmed abuse or neglect findings against caregivers in CPI. This structure ensures complaints and appeals are addressed objectively while supporting accountability and transparency across DFPS programs.

## **Office of Strategic Initiatives and Continuous Improvement**

Reporting to the deputy commissioner of operations, the Office of Strategic Initiatives and Continuous Improvement leads the development of the agency's strategic plan, goals, and objectives, and drives major cross-divisional projects. Serving as DFPS's internal management consulting resource, the

office enhances the efficiency, effectiveness, and outcomes of operations and programs by providing strategic direction, project management, and change management support. Using data-driven analysis and operational reviews, the team works with agency leadership to identify inefficiencies, solve complex business challenges, develop actionable recommendations, and guide successful implementation.

**C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.**

DFPS collects and analyzes data from multiple internal and shared systems to assess the effectiveness and efficiency of its programs and operations. Primary systems include IMPACT (case management for CPS, APS, and SWI), GPS (provider and contract management), CLASS (child care licensing), CAPPS HR (human resources), CAPPS Financial (financial management), and several ancillary applications that support specific business processes. These systems serve as the source data for both LBB performance measures and additional internal metrics used to monitor program performance, administrative efficiency, and service outcomes.

Performance measures and associated methodologies for each program area are detailed in Section II and the program descriptions in Section VII. Additional internal metrics are available and used to track for administrative functions and operational performance, allowing the agency to evaluate results, identify trends, and target improvements.

**D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.**

Please reference the agency history in Section III: History and Major Events.

**E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.**

Not applicable.

**F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.**

Please reference responses to Question A above and attachments.

**G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). (If you have already submitted funding source info through the “Agency Program Information” spreadsheet, please limit your response to funding formulas or funding conventions.)**

Please reference the Agency Program Information spreadsheet and budget information in Section V for funding sources and amounts, including federal grants and pass-through monies. The funding is determined by the federally approved Public Assistance Cost Allocation Plan (PACAP).

*Please reference Attachment 35.*

**H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.**

Pursuant to HB 5 (85th Legislature), DFPS maintains an interagency contract (IAC) agreement with the Health and Human Services Commission (HHSC) for the provision of certain administrative support functions. Through this agreement, HHSC provides services such as payroll, procurement, rate setting, and technology systems on which DFPS operations rely. HHSC invoices DFPS monthly for the cost of these services.

**I. If the division or program works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.**

Please reference responses to this question in the other Section VII entries for DFPS programs.

**J. Are there any barriers or challenges that impede the division or program’s performance, including any outdated or ineffective state laws? Explain.**

- The complexity of state procurement processes can impact the timeliness and efficiency of operations. For example, Texas Government Code Sec. 2155.264 establishes that agencies must solicit formal bids for purchases over \$25,000. This limit was established by the Legislature in 1995. Since that time, the Consumer Price Index has increased 92%, making \$25,000 in 1995 equivalent to \$48,000 in 2024. There is an opportunity to revisit this threshold and requirement to more efficiently use state contracting staff resources.
- DFPS is required to use the Texas State Library and Archives Commission as its sole records storage vendor, despite operating statewide. This single-vendor arrangement increases costs, delays record transfers, and strains limited Austin-based staff and storage capacity. Allowing DFPS to use multiple vendors could improve efficiency and reduce costs.
- Cybersecurity remains a critical concern for DFPS, particularly as some core systems lack the modern features necessary to address emerging threats. While statewide efforts like Texas Cyber Command provide important support, sustained progress will require targeted funding to modernize infrastructure, enhance cloud integration, and strengthen resilience against increasingly complex cyber risks.

- Some required reports contain data already published in the DFPS Data Book, creating duplication of efforts. Aligning reporting requirements with existing Data Book content presents an opportunity to streamline processes and improve efficiency.

**K. Provide any additional information needed to gain a preliminary understanding of the division or program.**

Additional information about the agency can be found at the [Texas Department of Family and Protective Services \(DFPS\)](#) website.

**L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:**

*Why the regulation is needed*

*The scope of, and procedures for, inspections or audits of regulated entities*

*Follow-up activities conducted when non-compliance is identified*

*Actions available to the agency to ensure compliance*

*Procedures for handling consumer/public complaints against regulated entities*

DFPS is not a regulatory agency and does not issue licenses, registrations, certifications, or permits; the agency contracts with service providers, while licensing and regulatory oversight is conducted by HHSC.

**M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.**

Not applicable.

## VIII. Statutory Authority and Recent Legislation

A. Fill in the following tables, listing citations for all state and federal statutes that grant authority to or otherwise significantly impact your agency. Do not include general state statutes that apply to all agencies such as the Public Information Act, the Open Meetings Act, or the Administrative Procedure Act. Provide information on Attorney General opinions from fiscal years 2020-2024 or earlier significant Attorney General opinions that affect your agency's operations.

### Texas Department of Family and Protective Services Exhibit 15: Statutes / Attorney General Opinions

#### Statutes

Citation / Title	Authority / Impact on Agency (e.g., "provides authority to license and regulate nursing home administrators")
Titles IV-B and IV-E of the Social Security Act; 42 U.S.C. 621 et seq.	Provide federal funding to states with an approved state plan for provision of child welfare services. The IV-E and IV-B state plans must also ensure compliance with the Child Abuse Prevention and Treatment Act (CAPTA) (discussed below). Together with CAPTA, these federal laws impose very significant mandates that the states must comply with to retain eligibility for federal funding, and many of the provisions in the Texas Family Code, Chapters 261–264, are intended to ensure compliance with these federal laws.
Child Abuse Prevention and Treatment Act (CAPTA), as amended; 42 U.S.C. 5101 et seq; 42 U.S.C. 5116 et seq.	Provides federal funding to a state with an approved state plan that complies with CAPTA Title IV-B and IV-E requirements.
Family First Prevention Services Act of 2018 (FFPSA)	Provides federal funding under Title IV-E for services aimed at preventing a child's entry into foster care, including support for mental health, substance abuse, and other support for parents. FFPSA has four central provisions aimed at increasing prevention services, support to kinship caregivers, addressing congregate care, and older youth.



Citation / Title	Authority / Impact on Agency (e.g., “provides authority to license and regulate nursing home administrators”)
The U.S. Constitution	<p>Many of the provisions in the Family Code applicable to DFPS are intended to ensure constitutional rights – most particularly:</p> <ul style="list-style-type: none"> <li>• The US Supreme Court has recognized a fundamental right of “fit” parents to make decisions about their children’s upbringing as part of the parent-child relationship under the Fourteenth Amendment;</li> <li>• The right to be free from unreasonable search and seizure under the Fourth Amendment; and</li> <li>• The rights to procedural and substantive due process and to equal protection under the Fourteenth Amendment.</li> </ul> <p>Recent court decisions under the Fourth and Fourteenth amendments have had a significant impact on DFPS.</p>
The Indian Child Welfare Act of 1978 (ICWA), 25 U.S.C. §§ 1901 – 1963	<p>Federal law that imposes special procedural and legal standards and requirements when a child welfare agency seeks to intervene to protect an “Indian child.” This includes:</p> <ul style="list-style-type: none"> <li>• Strict notice requirements to Indian tribes to determine whether a child is an Indian child under the ICWA;</li> <li>• The right of tribes to intervene and transfer of jurisdiction to a tribal court;</li> <li>• Placement preferences for foster and adoptive homes for Indian children;</li> <li>• A requirement of “active efforts” instead of “reasonable efforts” to alleviate the cause of removal, taking into account social and cultural conditions of the child’s tribe; and</li> <li>• A heightened burden of proof to seek conservatorship or termination of parental rights, and requirement of a qualified Indian expert witness.</li> </ul>



Citation / Title	Authority / Impact on Agency (e.g., “provides authority to license and regulate nursing home administrators”)
Human Resources Code, Chapter 40.	<p>This chapter is the primary enabling legislation for DFPS. This chapter:</p> <ul style="list-style-type: none"> <li>• Creates DFPS and sets forth DFPS’s core duties and functions (§42.002, § 40.0025);</li> <li>• Establishes DFPS as the “single state agency” responsible for administering Titles IV-B and IV-E of the federal Social Security Act;</li> <li>• Establishes the Family and Protective Services Council to make recommendations to the DFPS Commissioner on management and operation of DFPS (§§40.021);</li> <li>• Establishes a Commissioner to be appointed by the Governor according to education, training, experience, and demonstrated ability (§ 40.027); and</li> <li>• Provides miscellaneous administrative provisions for the organization and staffing of DFPS, the use of funds, delivery of services, and interaction with other agencies and the public.</li> </ul>
Human Resources Code, Ch. 48	<p>Establishes the authority of DFPS to:</p> <ul style="list-style-type: none"> <li>• Conduct investigations of alleged abuse, neglect, and exploitation (ANE) of persons aged 65 or older and disabled adults, including the duty to conduct ANE investigations of persons served by state hospitals, state supported living centers, MHMR authorities, community centers, private Intermediate Care Facilities for the Intellectually Disabled (ICF-IDs), Home and Community-based Services (HCS) programs, and Home and Community Support Services Agencies (HCSSAs); and</li> <li>• Provide protective services to adult victims of ANE who live in the community.</li> </ul> <p>Note: Although statute grants DFPS authority to investigate ANE in various settings, these investigations are now conducted by HHSC. APS, under DFPS, continues to investigate ANE in the community. This chapter should be reviewed and revised to align with current responsibilities and prevent confusion.</p>

Citation / Title	Authority / Impact on Agency (e.g., “provides authority to license and regulate nursing home administrators”)
Government Code	<p>Subchapter Y of Chapter 531 creates various ombudsman programs including the one for children and youth in foster care in accordance with Section 531.9931.</p> <p>DFPS, with other state agencies, has the following responsibilities as set forth in the Government Code:</p> <ul style="list-style-type: none"> <li>• §526.0501. HHSC shall consult with DFPS and other agencies to adopt rules relating to outcome measures in substitute care contracts, caseload standards, and caseload standards advisory committee.</li> <li>• §526.0503. HHSC and DFPS shall develop and implement, to the extent allowed by law, pooled funds for prevention services.</li> <li>• §546.0201, et seq. Establishes a role for multiple state agencies, including DFPS, that must create a permanency plan for children in certain facilities under its conservatorship.</li> <li>• §546.0701, et seq. Requires DFPS cooperation with mortality reviews of certain deceased persons as to access relevant records and information.</li> </ul>
Family Code, Chapter 261	<p>Provides definitions for child abuse, neglect, and exploitation and establishes the Central Registry and requires reporting of the same. It delineates responsibilities for family-based, facility-based, and school investigations of child abuse and neglect among various state and local agencies – most particularly DFPS – and contains guidelines for investigations, including advising parents of their rights, and restricts investigations of anonymous reports.</p>
Family Code, Chapter 262	<p>Describes circumstances and legal proceedings for taking possession and legal custody of a child by law enforcement or DFPS. It contains legal alternatives to removal of the child, like family preservation services. It also contains “Baby Moses” provisions for abandoning a child up to 60 days of age with a “designated emergency infant care provider.” It also sets forth the procedure for the adversary hearing and respective court findings as well as for the Family Preservation Services Pilot Program.</p>
Family Code, Chapter 263	<p>Sets forth a schedule of periodic hearings to review the parents’ progress with service plans, the medical care and medications of children, circumstances, and permanency plans for children in the custody of DFPS, with a one-year legal permanency deadline (subject to one six-month extension). Provides for review of children placed in a residential treatment center or Qualified Residential Treatment Program (Q RTP). Provides for continued hearings for current and former foster youth between the ages of 18 and 21.</p>

Citation / Title	Authority / Impact on Agency (e.g., “provides authority to license and regulate nursing home administrators”)
Family Code, Chapter 264	<p>Provides general provisions relating to the administration of the child welfare system by DFPS, including provisions on payment of foster care and other benefits, provision of services to children and families, placement of the children, legal representation, etc. It contains provisions and process for DFPS to request a court order for required participation in services. Contains procedures for when children in DFPS care are missing or victims of sex trafficking. Provides for Transitional Living Services for children aging out of foster care. Provides for Permanency Care Assistance (PCA) in the form of benefits and supports to qualifying family members who take permanent managing conservatorship of a child. It also contains miscellaneous provisions relating to Services to At-Risk Youth (STAR) prevention programs; Court-Appointed Special Advocates (CASA); children’s advocacy centers (CACs); child fatality review teams (CFRTs); family drug court programs; the Relative and Other Designated Caregiver Program (RODC); and parental child safety placements. Subchapter B-1 establishes Community-Based Care and requires DFPS to contract with Single Source Continuum Contractors so that it may provide certain foster care services and case management. The Office of Community-Based Care Transition is established with identified duties and responsibilities.</p> <p>Section 264.009 sets forth how DFPS is to be represented in child protection cases. In the order of preference, it is the county attorney, the district attorney, the attorney general, or attorneys employed by DFPS. If there is a conflict, representation defaults to the next class of attorneys. The Office of Attorney General has deputized DFPS attorneys to handle these cases on their behalf.</p>
Family Code, Chapter 266	Provides special provisions relating to medical care, including medical consent and psychotropic medication issues. It also requires the establishment of the Health Passport and Education Passport.
Code of Criminal Procedure, Art. 2A.057	Requires law enforcement to cooperate with DFPS in investigation of certain abuse or neglect reports. (See also related provisions in Family Code, Chapter 261.)
Code of Criminal Procedure, Art. 5A.005 and 5A.009	The 89th Legislature transferred these sections as cited here. The statutory sections continue to create a system for identifying and reporting to DFPS when law enforcement responds to a domestic violence call in the home of a foster parent.

Citation / Title	Authority / Impact on Agency (e.g., “provides authority to license and regulate nursing home administrators”)
Code of Criminal Procedure, Art. 56A.303	Requires law enforcement to request a sexual assault exam of a victim if consented to by DFPS under certain conditions.
Code of Criminal Procedure, Art. 63.00905	Requires law enforcement to transfer possession of a missing child to DFPS if the person entitled to possession cannot be located, and to notify DFPS if they have reason to believe that the child is a victim of abuse and neglect.
Education Code	<p>The Education Code contains many provisions of interest to DFPS in its role as managing conservator of children and youth enrolled in public schools and higher education. Relevant provisions include the following:</p> <ul style="list-style-type: none"> <li>• §7.029. Memorandum of understanding (MOU) between DFPS and the Texas Education Agency (TEA) on educational outcomes for foster children;</li> <li>• §25.001. Special provisions for admission/continuity of attendance of foster children;</li> <li>• §25.002. Includes special procedures for enrollment of foster children in public schools;</li> <li>• §25.007. Special provisions to support foster children transferring from one school to another;</li> <li>• §29.008. Contracts with private residential placement facilities for educational services; required interagency agreement;</li> <li>• §29.015. Foster parents as “surrogate parents” for special education purposes;</li> <li>• §29.081. Compensatory education/accelerated instruction for students “at risk of dropping out of school,” the definition of which includes students in DFPS conservatorship (see other provisions throughout Ch. 29 designed to benefit “at risk” students as defined in 29.081(d));</li> <li>• §29.153. Makes children in DFPS custody eligible for free pre-kindergarten;</li> <li>• §38.004. Requires TEA to develop policy for reporting child abuse and neglect and requiring cooperation with DFPS in the investigation of child abuse and neglect; and</li> <li>• §§54.366 &amp; 54.367. Tuition waiver provisions for higher education costs of former foster youth.</li> </ul>

Citation / Title	Authority / Impact on Agency (e.g., “provides authority to license and regulate nursing home administrators”)
Family Code, Chapters 32	Contains provisions relating to consent by a non-parent for medical treatment of a child, including special provisions for youth in the Texas Juvenile Justice Department (TJJD), and for suspected victims of abuse or neglect.
Family Code, Title 5, Subtitles A – D	<p>Contains general provisions applicable to all “suits affecting the parent child relationship” (SAPCRs), including SAPCRs to which DFPS is a party. These subtitles cover issues relating to possession, access, and custody of a child, parental rights, adoption, and child support. Provisions of particular note include the following:</p> <ul style="list-style-type: none"> <li>• Ch. 102 specifies who has “standing” to sue or intervene in existing proceedings for custody, termination, or adoption, including numerous provisions specific to DFPS;</li> <li>• Ch. 107 mandates appointment of guardian ad litem (GAL, which can include CASA) and attorney ad litem (AAL) for a child and AAL for a parent in a DFPS suit seeking termination. Allows counties to create offices of child representation or parent representation. Specifies requirements for social studies and requires DFPS to adopt rules relating to certain social studies;</li> <li>• Ch. 153 contains provisions relating to conservatorship, possession and access, including the rights of a “non-parent conservator” as well as DFPS;</li> <li>• §156.101 confers the ability to modify a custody order due to “material and substantial” change of circumstances;</li> <li>• §156.002 grants standing to a sibling of a child who is separated from the child due to actions of DFPS in a suit for modification of a custody order;</li> <li>• Ch. 160 provides for the establishment of parentage, paternity, and the creation of the “paternity registry”;</li> <li>• Ch. 161 provides for the termination of parental rights, including grounds that are specifically directed at DFPS, and others that DFPS frequently uses. It outlines the duty of DFPS, in cooperation with the Department of State Health Services (DSHS), to adopt the form currently in use to provide medical history of a child who is voluntarily relinquished by a parent;</li> <li>• Ch.162 contains general procedures for adoption and the adoption of the Interstate Compact on the Placement of Children (ICPC)/Interstate Compact on Adoption and Medical Assistance, both of which are administered by DFPS for Texas. It also creates the adoption assistance program operated by DFPS and authorizes DFPS to pay an adoption incentive to a private child-placing agency (§162.601);</li> <li>• Ch. 201 establishes a system of associate judges to hear DFPS SAPCR cases; and</li> <li>• §231.010 requires cooperation between the Child Support division of the Office of the Attorney General and DFPS.</li> </ul>

Citation / Title	Authority / Impact on Agency (e.g., “provides authority to license and regulate nursing home administrators”)
Texas Administrative Code Chapter 748	<p>Provides guidelines for utilizing emergency behavior interventions, such as restraints and seclusion, on children in general residential operations and residential treatment centers.</p> <p>Note: Transferred to HHSC but impacts DFPS abuse and neglect investigations in general residential operations.</p>
Government Code, §402.035	Makes DFPS a member of the Human Trafficking Taskforce and assigns certain duties to DFPS in connection with this taskforce.
Government Code Chapter 411, §411.114	Grants DFPS access to criminal history records for certain purposes.
Government Code, §651.004	Exempts DFPS from certain management-to-staff ratios applicable to other state agencies.
Government Code, §662.054	Requires DFPS to promote Texas Adoption Day, which is the Saturday before Thanksgiving of each year.
Government Code Chapter, Chapter 2155	<p>Outlines:</p> <ul style="list-style-type: none"> <li>• §2155.144. The delegation of authority to HHS agencies and DFPS to purchase goods and services (§2155.144); and</li> <li>• §2155.1442. Special audit procedures relating to foster care residential contract management.</li> </ul>
Health and Safety Code, § 40.058	DFPS and HHSC shall enter into contracts for the provision of shared administrative services, including payroll, procurement, information services, rate setting, purchasing, and contracting.
Health and Safety Code; §81.023; §161.0101	<ul style="list-style-type: none"> <li>• §81.023 requires DSHS to cooperate with DFPS in developing immunization requirements for children in child care facilities.</li> <li>• §161.0101 requires DSHS to work with DFPS to increase immunization awareness and participation among parents of children in child care facilities.</li> </ul>

Citation / Title	Authority / Impact on Agency (e.g., “provides authority to license and regulate nursing home administrators”)
Health and Safety Code, §191.0047	Requires a DSHS MOU and cooperation with DFPS in furnishing birth information and certified birth certificates to DFPS for children in DFPS conservatorship.
Health and Safety Code, Chapter 253	<p>Contains provisions relating to DFPS duty to notify HHSC to submit the names of certain individuals to the Employee Misconduct Registry and that DFPS must conduct certain investigations.</p> <p>Note: Health and Safety Code, Chapter 253 contains outdated references to DFPS responsibilities that no longer reflect current agency practices. Specifically, Sections 253.002 and 253.0075 assign DFPS a role in conducting investigations and notifying the Employee Misconduct Registry - functions that are no longer performed by DFPS. This chapter should be reviewed and revised through legislation to align with current responsibilities and prevent confusion.</p>
Health and Safety Code, Chapter 572	Establishes the requirements that must be met for a child in DFPS custody to be admitted to an inpatient mental health facility.
Health and Safety Code, Chapter 614	Requires an MOU and interagency collaboration, including DFPS, to ensure continuity of care and services for juvenile offenders with medical or mental impairments. (§ 614.018)
Health and Safety Code, Chapter 672	Authorizes the creation of Adult Fatality Review Teams at the county level, which may include DFPS as a member, and biennial reporting of such teams to DFPS.
Health and Safety Code, §810.008	Establishes the Office of Interagency Coordination on Reportable Conduct within DFPS to serve as lead agency to oversee and maintain the SEMARC system in coordination with all participating agencies.
Human Resources Code, §31.002	Defines a “dependent child” for purposes of Aid to Families with Dependent Children to include certain foster children up to age 19. This definition, in combination with Title IV-E of the Social Security Act, makes foster children eligible for IV-E reimbursements categorically eligible for Medicaid under §32.024, Human Resources Code. Foster children not eligible for IV-E are eligible for Medicaid under the “medically needy” program authorized under §32.024.

Citation / Title	Authority / Impact on Agency (e.g., “provides authority to license and regulate nursing home administrators”)
Human Resources Code, §32.0247; §32.02471; §32.024715	Authorizes children who aged out of foster care at age 18, but who have not yet turned 21, as eligible for Medicaid, and makes these same youth eligible between 21 and 23 if attending higher education.
Human Resources Code, § 51.012	Requires DFPS to help coordinate the provision of violence prevention services for children.
Human Resources Code, §40.075	Relates to protective orders sought by DFPS on behalf of child abuse victims.
Human Resources Code, Chapter 244	Contains provisions relating to youth in DFPS conservatorship, most particularly the sections beginning at §244.0106, concerning collaborative service planning, reporting, sharing of data, and the role of TJJD in family court hearings involving foster youth.
Human Resources Code, Chapter 73	Creates the Interagency Council on Early Childhood Intervention and makes DFPS a member of the board.  Note: Although the statutory authorization for this council is still in current law, the council no longer exists.
Human Resources Code, Chapter 161	Contains numerous provisions regarding cooperation between DFPS and the Department of Aging and Disability Services (DADS), including: <ul style="list-style-type: none"> <li>• §161.077 requires the development, with DFPS input, of an investigation database; and</li> <li>• Subchapter E, Ch. 161 which, in combination with provisions in Chapter 48, Human Resources Code, reflects the 2005 legislative transfer of the guardianship program to HHSC, which had previously been administered by DFPS (S.B. 6, 79th Legislature, Regular Session, 2005.) DFPS makes referrals to HHSC for guardianship of both CPS and APS clients under these provisions.</li> </ul>
Labor Code, Chapter 310	Creates the Child-Care Resource and Referral Network and requires DFPS assistance. (§310.007)



Citation / Title	Authority / Impact on Agency (e.g., “provides authority to license and regulate nursing home administrators”)
Occupations Code, §110.202	Establishes DFPS as a member on the Interagency Advisory Committee to the Council on Sex Offender Treatment.
Transportation Code, §504.642	Creates a specialty license plate, the proceeds of which must be deposited into a fund with DFPS to be used for services to abused and neglected children.
Government Code, §434.153	Adds DFPS to the membership of the Texas Coordinating Council for Veterans Services.

Table 21 Exhibit 15 Statutes

### **Attorney General Opinions**

Attorney General Opinion No.	Impact on Agency
KP-0400	Authority of attorney in private practice who represents parents and children in child protection cases in a particular county to also be employed as an assistant county attorney in a different county to represent DFPS.
KP-0401	Determining whether the performance of certain medical and chemical procedures on children – in the context of gender reassignment surgery – constitutes child abuse.

Table 22 Exhibit 15 Attorney General Opinions

**B. Provide a summary of significant legislation regarding your agency by filling in the tables below or attaching information already available in an agency-developed format. Briefly summarize the key provisions. For bills that did not pass but were significant, briefly explain the key provisions and issues that resulted in failure of the bill to pass (e.g., opposition to a new fee or high cost of implementation). Place an asterisk next to bills that could have a major impact on the agency. See Exhibit 16 Examples.**

**Texas Department of Family and Protective Services  
Exhibit 16: 89th Legislative Session**

***Legislation Enacted***

Bill Number	Author	Summary of Key Provisions
HB 109	Rose	Requires HHSC to construct or expand operations of certain inpatient mental health facilities. This is significant to DFPS because the purpose of these facilities will be to establish a residential treatment facility for the purpose of providing dedicated bed capacity for youth in DFPS conservatorship.
HB 116	Dutton	Enhances the legal standards governing the termination of parental rights, particularly in cases involving severe endangerment or neglect. Specifically, it deletes the predicate termination ground, which allows for termination of parental rights where a parent fails to comply with a court-ordered service plan.
HB 140	Noble	Creates an advisory committee on child protective investigations for the purpose of improving the accuracy and standardization of investigative legal requirements, policies, and procedures. Additionally, it abolishes the DFPS council and deletes references throughout statute to the council, effective September 1, 2026.
HB 4129	Davis of Dallas	Requires DFPS to implement formal measures to ensure SSCCs are delivering high-quality service. These measures include quality improvement plans, financial interventions, and other appropriate interventions or restrictions.
HB 2350	Dutton	Amends the standing provisions as to who can file an original suit or intervene in DFPS suits affecting the parent-child relationship.

Bill Number	Author	Summary of Key Provisions
SB 513	Sparks	Creates a pilot program for rural CBC and is designed to improve child welfare services in areas where the current model has not been viable. DFPS, in partnership with a local lead entity, is required to develop and implement the rural CBC program. DFPS is required to seek input from the lead entity regarding the feasibility of a capitated funding model. The bill also requires DFPS to determine the feasibility of implementing an integrated electronic case management system for CBC and requires DFPS to contract with an independent evaluator to conduct a comprehensive evaluation of the program.
SB 855	Sparks	Relates to the authority of medical consenters to assume financial responsibility for certain out-of-network medical care for children in the care of DFPS.
SB 1398	Kolkhorst	Expands the definition of family preservation services, adds restrictions to the placement of children in temporary emergency supervision, and modifies several CBC contract provisions. At a high level, it amends the required CBC implementation plan to change the contract monitoring approach from an independent evaluation to a plan for evaluating the continuous performance of each contractor. It expands the required progress reporting on the DFPS website to now include: performance measure data from each SSCC; quality improvement plans and corrective action plans for each contractor; and a summary of contractor actions to be taken to address the quality improvement or corrective action plans. It modifies the requirement for a timeline for implementing certain provisions by adding that the timeline should be in an order determined by DFPS based on community needs and contractor capacity and then adds family preservation services to the list of provisions. It changes performance reviews from permissive to required and makes them annual beginning on the first anniversary of the contract. It requires DFPS to publish the review on its website and impose financial remedies for failing to meet applicable performance outcomes as contract requirements, or deliverables as determined by the services provided at the time of the review, or for failing to follow applicable court orders relating to child welfare. It also changes the current SAO annual audit of CBC programs to being conducted biennially.
SB 1589	Hancock	Requires DFPS to develop a new contract provision for SSCC contracts that would give DFPS the ability to either take back case management authority from the SSCC or to transfer the case management authority from the SSCC to another SSCC.

Bill Number	Author	Summary of Key Provisions
SB 2032	Paxton	Changes the length of time of contract termination notice for both SSCCs and DFPS from 60 days to 180 days and allows DFPS to enter into a contract with another SSCC without going through a formal procurement process, which may commonly take over a year to complete.
SB 2034	Paxton	Authorizes DFPS to file a petition to obtain temporary receivership over an SSCC that is not able to perform adequately under the SSCC contract. Under the new law, DFPS is able to oversee the SSCC operations until conditions change, a new contract is entered into with a new or existing SSCC, or DFPS takes back the child welfare operations.

Table 23 Exhibit 16 Legislation Enacted 89th Legislature

### Legislation Not Passed

Bill Number	Author	Summary of Key Provisions / Reason Bill Did Not Pass
HB 2216 HB 2874 SB 620	Hull Noble Sparks	Each of the bills noted change references in the Family Code from requiring DFPS to make “reasonable efforts” to prevent removal and return children home to that of “active efforts.” In addition to the change above, HB 2216 also would have elevated the burden of proof for removal to “clear and convincing” and termination proceedings to “beyond a reasonable doubt.”
HB 2070 SB 85 SB 1195 SB 1196	Hull Hull Birdwell Birdwell	Each of the bills noted change due process as it related to DFPS’s Central Registry. Proposed changes included prohibiting DFPS from adding the name of an individual to the Central Registry unless a court in a proceeding issues a final order finding that individual abused or neglected a child. Other proposed changes would make it possible for names of individuals with a Reason to Believe finding on serious cases, including sexual abuse and sex trafficking, to be removed from the Central Registry or prohibiting DFPS from adding names of an individual unless the findings are affirmed in a SOAH hearing or under Family Code adversary hearings.

Table 24 Exhibit 16 Legislation Not Passed 89th Legislature

## IX. Major Issues

*The purpose of this section is to briefly describe any potential issues raised by your agency, the Legislature, or stakeholders that Sunset could help address through changes in statute to improve your agency's operations and service delivery. Inclusion of an issue does not indicate support, or opposition, for the issue by the agency's board or staff. Instead, this section is intended to give the Sunset Commission a basic understanding of the issues so staff can collect more information during extensive research on your agency. Some questions to ask in preparing this section may include: (1) How can your agency do a better job in meeting the needs of customers or in achieving agency goals? and (2) What barriers exist that limit your agency's ability to get the job done?*

*Emphasis should be given to issues appropriate for resolution through changes in state law. Issues related to funding or actions by other governmental entities (federal, local, quasi-governmental, etc.) may be included, but the Sunset Commission has no authority in the appropriations process or with other units of government. If these types of issues are included, the focus should be on solutions that can be enacted in state law.*

*This section contains the following components: Major Issues List (Questions A-C) and Obstacles, Unnecessary Functions, and Opportunities (Questions D-F). Complete the first three questions for each issue. Copy and paste components A through C as many times as needed to discuss each issue. See Major Issues Example.*

DFPS is charged with protecting children and vulnerable adults from abuse, neglect, and exploitation through preservation, investigation, and intervention efforts. In fulfilling its mission, DFPS navigates a range of complex and evolving responsibilities – balancing the safety of children and vulnerable adults with family preservation, maintaining statewide consistency while adapting to the unique needs and characteristics of local communities, promoting high-quality and timely investigations, addressing workforce shortages while supporting caseworker well-being, and meeting increasingly complex client needs amid limited community and state resources. Maintaining a healthy and engaged workforce capable of effectively navigating the agency's difficult work is an ongoing challenge. Staff must be supported through effective technology and administrative infrastructure while agency leadership is responsible for advancing wellness and safety initiatives that strengthen staff retention. These challenges underscore the importance of ongoing evaluation, thoughtful decision-making, and cross-system collaboration to make certain the agency continues to meet its mission in a fair, effective, and responsive manner.

DFPS serves as the lead state agency responsible for adult and child protection and operates within a broader network of agencies and organizations that work together to address the full spectrum of family and community well-being. DFPS partners with state agencies, local governments and community organizations, and the judicial system to connect individuals and families with necessary support services while remaining focused on protection and intervention and only providing ongoing care for children when no other option is possible. Understanding this distinction helps individuals and communities seek assistance from the appropriate agencies for issues such as meeting behavioral health needs and other long-term family support services.

In alignment with the agency's continued evolution, DFPS recently refined its mission and vision statements to reflect a stronger emphasis on family preservation, community connection, and prevention whenever safely possible.

## Mission

*We build on strengths of families and communities to keep children and vulnerable adults safe, so they thrive.*

## Vision

*Safe children and adults. Strong families and communities. Stronger Texas.*

## Values

- *We prioritize safety and work to constantly improve what we do and how we do it.*
- *We are transparent, committed, and act with integrity.*
- *We honor and respect dignity and individual differences.*
- *We are collaborative and share collective responsibility in achieving goals.*

While DFPS has made notable improvements since the last Sunset review and can demonstrate progress in several areas proving a measured culture shift in the operations of the agency from a reactive culture to a proactive culture, the agency has identified four primary issues that require further attention. Addressing these four primary issues is essential to strengthening the agency's operations and enhancing the quality of services provided to clients. By focusing on these areas, DFPS can build on its current momentum and better fulfill its mission to protect and support vulnerable populations, so they thrive.

## Issue 1:

### **Enhance the Quality and Consistency of Investigations and Improve Timely Access to Due Process and Case Records**

#### **A. Brief Description of Issue**

*Due process in DFPS investigations is essential to protecting the rights of children, families, and caregivers while maintaining the integrity of the state's system for protecting children and vulnerable adults. It is a complex, multi-step process that must correctly identify the right individuals to be sustained as perpetrators, uphold that status for the period justified by the findings, and remove them promptly when warranted. This work depends on conducting high-quality investigations, providing timely access to due process, determining how long sustained findings remain in place, and developing a clear path for removal of findings when appropriate.*

#### **B. Discussion**

*Background. Include enough information to give context for the issue. Information helpful in building context includes:*

*What specific problems or concerns are involved in this issue?*

*Who does this issue affect?*

*What is the agency's role related to the issue?*

*Do any sections of state law create or contribute to the issue?*

*Is there any previous legislative action related to the issue?*

## **Investigative Quality and Consistency**

The uniqueness and vastness of Texas and its communities create challenges in ensuring the quality and consistency of investigations statewide. Urban centers, rural communities, and remote areas are distinct environments, requiring DFPS to navigate differences in local resources, socioeconomic realities, cultural norms, and court expectations during investigations and service delivery.

Geographic distance, variations in staff tenure, and differing community infrastructure contribute to inconsistencies in investigative practice.

Inconsistency in investigation practices can result in children and families experiencing different outcomes based on varying circumstances and may contribute to a lack of public trust for the agency. By improving the quality and consistency of findings statewide, the frequency of reviews and appeals may be reduced. Standardized protocols that comply with statutory requirements while allowing enough flexibility necessary to address the unique needs of each child and family are vital, and striking this balance is critical to providing appropriate and consistent investigation findings regardless of where someone lives in Texas. Continued improvements will also focus on addressing differences in investigator tenure and reducing variations in practice and policy implementation across 13 regions and more than 4,000 investigative staff.

DFPS has taken steps to improve quality and consistency, including:

- Development of a comprehensive training program for new and existing child protective investigators and supervisors required by SB 1447 (88R).
- Launch of a Business Process Redesign initiative to evaluate investigative workflows from intake through case closure.
- Expansion of quality assurance teams in major program areas to improve quality and support consistent case decisions statewide.
- Funding secured in the 89th Legislative Session to implement a centralized review of all “Reason to Believe” dispositions before investigations are finalized or individuals are included in the Central Registry.
- Reducing caseloads for DFPS investigators, resulting in a decrease in turnover between FY 2022 and FY 2025.

Many of these changes are newly implemented, and their effectiveness will need to be assessed to guide the agency’s continued improvement.

### ***Variations in the Result of Investigations Across Texas***

Differences in community norms and the Texas county-based court system contribute to variation in how child welfare cases are handled across the state. Unlike some states with a centralized, specialized family court system, Texas relies on a mix of district courts, county courts at law, and in some jurisdictions, statutorily designated family or child protection district courts to hear cases involving abuse, neglect, and conservatorship.



In larger, urban counties, child welfare cases are often assigned to judges who preside exclusively over family law matters, allowing for greater familiarity with child welfare statutes, DFPS processes, and case dynamics. In contrast, in some rural and mid-sized counties, judges hear child welfare cases as part of a general docket that also includes criminal, civil, and probate matters. This can result in less consistency in scheduling, hearing practices, and familiarity with the complexities of the child welfare system.

Compounding these structural differences, DFPS legal representation in child protection cases is also unique among Texas state agencies and varies by jurisdiction. State law establishes a statutory order of preference for legal representation:

County or district attorneys are the first option.

1. If unavailable, the Office of the Attorney General (OAG) provides representation.
2. If neither is available, DFPS regional attorneys represent the agency, and OAG is authorized to deputize all DFPS regional attorneys.

This tiered approach means that, depending on the county, DFPS may be represented by attorneys embedded in the local prosecutor's office or by agency-employed counsel. Each model brings differences in resources, staffing levels, caseloads, training, and familiarity with DFPS policies and procedures. In some jurisdictions, these attorneys represent multiple government clients, while in others, legal staff are dedicated solely to DFPS matters.

Differences in both court structure and legal representation affect case preparation, hearing schedules, the level of judicial oversight, and the consistency of advocacy for children and families. As a result, the experience of families, children, and DFPS staff can differ markedly from county to county. These differences, while reflective of local control, present challenges to achieving a consistent process for all parties involved in child welfare cases statewide.

## **Due Process Challenges**

When a CPI, CCI, or RCCI case concludes that an individual is responsible for abuse or neglect, the individual is identified as a designated perpetrator in the DFPS confidential Central Registry, which is part of the IMPACT database. A common misconception is that the Central Registry is a public "list" of individuals. In reality, the registry is an internal record accessible only to DFPS authorized users for specific statutory purposes such as background checks for certain child- or adult-serving roles. It is not a searchable public database, nor is it intended for general disclosure. This misconception can influence how individuals perceive the consequences of a finding and the urgency with which they pursue Administrative Review of Investigation Findings (ARIF) or State Office of Administrative Hearing (SOAH) reviews, sometimes resulting in confusion or mistrust of the process.

However, designation does carry potential consequences including barring employment in child-related workplaces and denying an individual approval to be verified as a foster or adoptive parent once those pursuits are sought. Once this designation is decided, an individual is eligible for due process via an ARIF. An ARIF is an internal DFPS administrative review that allows individuals who have received a "Reason to Believe" finding to request an impartial review of their case. The review is conducted by a DFPS staff member who was not involved in the original investigation and who is not in the CPI chain of command, helping to ensure a neutral third-party perspective. The process may



involve the individual and, if applicable, their legal counsel, who can provide information or evidence for consideration. The ARIF evaluates the circumstances and evidence of the case to determine whether the original finding should be upheld, amended, or overturned. The ARIF function was previously regionally based, which may have contributed to inconsistency in reviews. In recent years, it has been centralized to improve consistency and standardization in the appeal process, and the team responsible is developing quality assurance processes to ensure accuracy in determinations.

For CPI cases, the process can be even more complex, as individuals may also be eligible for a second-level ARIF. This separate DFPS process allows DFPS staff to review concerns related to the handling of the investigation or the services provided, adding another layer to the potential review pathways before or alongside ARIF and SOAH proceedings.

If the designation of an individual is released in a background check for the purpose of verifying the ability to work with children in a licensed operation or as a foster parent, an additional due process path is afforded in the form of a SOAH review.

SOAH is an independent state agency that conducts administrative hearings for other Texas agencies. In the DFPS context, SOAH provides individuals with the opportunity to challenge certain agency decisions, such as an investigation finding, before an administrative law judge. SOAH hearings follow formal procedures similar to a courtroom trial, allowing both DFPS and the individual (and their legal counsel, if applicable) to present evidence, call witnesses, and make arguments. The administrative law judge then issues a decision based on the evidence and applicable law. Differences in the due process types are shown in the following table.

Feature	ARIF – Administrative Review of Investigation Findings	SOAH – State Office of Administrative Hearings
Purpose	Internal DFPS review of a “Reason to Believe” finding to determine if it should be upheld, amended, or overturned.	Formal administrative hearing before an administrative law judge to challenge DFPS decisions.
Who Conducts the Review	DFPS designated unit not involved in the original investigation who is not in the CPI chain of command (third-party within the agency).	Administrative law judge employed by SOAH.
Formality	Case review with input from the individual and their attorney, upon request.	Formal, trial-like proceeding with sworn testimony, witnesses, and evidence presentation.
Participant Role	Individual (and attorney, if applicable) can meet with DFPS designated unit, can submit documents, statements, and other relevant information.	Individual (and attorney, if applicable) actively participates in the hearing, examines witnesses, and may conduct discovery.

Feature	ARIF – Administrative Review of Investigation Findings	SOAH – State Office of Administrative Hearings
Outcome	Decision issued internally by DFPS, based on review of case records and submissions.	Administrative law judge issues a written opinion.
Timing in Process	Typically occurs before a SOAH hearing, giving DFPS a chance to hear and resolve disputes internally.	Occurs after ARIF if the individual continues to dispute the finding, with an option to bypass ARIF and only seek a SOAH.
Cost to Participant	No cost.	May involve legal fees if the individual hires an attorney; no filing fee for the hearing itself.

### ***Timeliness and Access in Due Process***

Improving due process in the Texas child welfare system is essential to protecting the rights of children, parents, and caregivers while maintaining the integrity of investigations and interventions. By upholding these protections, DFPS can balance child safety with parental and caregiver rights, build trust within communities, and promote just outcomes that prioritize the well-being and permanency of children while respecting family integrity.

Enhancing the due process procedure is two-fold:

- Expanding access to up-front due process external to the agency for all designated perpetrators in CPI investigations.
- Improving efficiency in completion of the due process.

While most CPI investigation findings are unchallenged, a small portion of findings are appealed. Of the CPI cases appealed in FY 2024, 55 percent were not upheld. This percentage merits a review of the statewide disposition processes, which is partly the reason for the implementation of a centralized review of all “Reason to Believe” dispositions.

Timeliness compounds the problem. The average ARIF completion time for CPI cases is 87 days after the individual has their records, and some reviews take longer. SOAH proceedings often add several additional months, meaning the full process from request to resolution can extend close to a year or more. The need for the DFPS records management team to compile and produce complete case records is also a cause for delay for ARIF and SOAH. Records requests are prioritized according to statutory and regulatory requirements; for example, litigation subpoena requests are higher priority for completion. This can significantly extend the time before ARIF or SOAH proceedings can begin. Key features identifying the differences between CPI and RCCI cases are shown in the table below.

Investigation Type	FY 24 Overturn Percentage	FY 24 Avg. ARIF Completion Time	Due Process Review Types Available
CPI	55%	87 days	ARIF, Second-Level ARIF
Residential Child Care	24%	28 days	ARIF, SOAH

The volume of cases under review has also surged. Between FY 2023 and FY 2024, HHSC and DFPS experienced a nearly 75 percent increase in CPI case appeals and a more than 50 percent increase in CCI appeals, resulting in over 2,000 appeal cases in backlog by February 2025. In March 2025, the functions for representing DFPS in these proceedings shifted from HHSC back to DFPS. To address the backlog, DFPS received additional staff funding in the 89th Legislative Session and established a triage team to review all pending SOAH matters to determine whether they should be dismissed.

### ***Records Management Constraints***

Records management is a critical component of maintaining and reinforcing case quality at DFPS and improving the timeliness of due process. The DFPS Records Management Group (RMG), among other functions, produces records when requested as part of the administrative review. These records are vital to supporting a comprehensive and fair review process; however, backlogs and delays in record production can significantly hinder the timely delivery of due process.

RMG is responsible for safeguarding, organizing, and maintaining agency records. RMG supports casework and legal proceedings by providing redacted records to caseworkers, attorneys, and other authorized individuals. Although administrative in nature, this function is essential to ensure accurate documentation that contributes to achieving positive permanency outcomes for children leaving the foster care system. When responding to records requests, RMG searches three primary sources to locate responsive documents: the IMPACT system, the Electronic Content Management System (ECMS), and external paper records.

The Texas Administrative Code dictates the priority RMG is required to abide by when responding to requests as they are received. Due to limited staffing resources and challenges with the automation systems used in these processes, RMG devotes most of its time to top-priority requests, while requestors such as former foster youth and families served by DFPS are often placed lower on the priority list.

DFPS received over 58,000 records requests in FY 2024, a 40 percent increase from FY 2019 that reflects the high demand for timely and accurate information. In FY 2024, the average production time for requests from families serviced by DFPS was 506 days and requests from former foster youth was 407 days, whereas the average production time for requests in response to a subpoena, court order, or discovery in a lawsuit was 33 days. Court-ordered documents are prioritized higher due to statutory requirements; however, the prioritization also means families and children wait longer for records to be produced.

To address delays in ARIF and SOAH proceedings, DFPS reviewed its records management priority list and elevated RCCI records to expedited status, as these requests were previously processed on the same timeline as lower priority use requests. Even with this change, timeliness can still be affected by factors such as staff shortages and competing workload demands.

DFPS included an Exceptional Item request in the agency FY 2026-27 LAR to address the records request backlog at the agency; the request was partially funded in the 2026-27 GAA. The Legislature authorized DFPS to hire contractors to address the backlog but did not include funding to improve the technology currently used by the RMG team.

### ***Central Registry Reform Considerations***

Over the past several legislative sessions, policymakers and DFPS have explored options to revise the Central Registry. The intent is to ensure that registry inclusion reflects the severity and risk level of substantiated abuse or neglect findings while applying consistent and transparent criteria for how long an individual remains included in the registry.

In recent legislative sessions, proposals have sought to make Central Registry placement more proportional to the severity and risk of substantiated abuse or neglect findings. One such proposal would have created six severity levels – Low, Moderate, Serious, Severe, Near Fatal, and Fatal – each tied to specific case criteria and a defined retention period. Under this model, certain incidents would not result in registry placement, while more serious cases would remain for five, 15, 30, or 99 years depending on severity. Implementing this model would require statutory changes to authorize new severity levels, define criteria for each, and establish the corresponding registry retention periods.

In parallel, DFPS has developed a proposal that builds on the existing five severity codes already in the IMPACT system – Moderate, Serious, Severe, Near Fatal, and Fatal – without adding a “Low” category. The DFPS approach would automate the assignment of severity codes in the case management system based on the type of “Reason to Believe” finding and the case outcome, reducing subjectivity and improving consistency. Retention periods would mirror the legislative proposal for most categories, with adjustments that reflect case outcomes and assessed risk of future harm. For example, moderate cases would remain on the registry for five years, while severe cases would remain for 30 years instead of permanently. This model also considers the long-term reduction of risk and removes certain permanent bars to working in child care regulation after 30 years. Like the legislative proposal, this approach would require statutory changes to alter current retention rules and registry inclusion criteria, followed by administrative rulemaking to implement the details.

Both approaches are intended to address concerns about fairness, proportionality, and consistency, but they present important policy choices. Key differences include whether to adopt a “Low” severity category that would prevent registry placement for certain low-risk cases, whether severity codes should be automated or determined by caseworkers, and whether changes should apply retroactively to individuals already in the registry. Another consideration is how the severity code framework could be integrated with existing due process mechanisms such as ARIF and SOAH proceedings, potentially creating an additional pathway for removal after a defined period of time without overturning the original finding.

## C. Possible Solutions and Impact

*Provide potential recommendations to solve the problem. Feel free to add a more detailed discussion of each proposed solution, including:*

*How will the proposed solution fix the problem or issue?*

*How will the proposed change impact any entities or interest groups?*

*How will your agency's performance be impacted by the proposed change?*

*What are the benefits of the recommended change?*

*What are the possible drawbacks of the recommended change?*

*What is the fiscal impact of the proposed change?*

- **Direct DFPS to maintain caseloads** for all program areas within LBB performance measures to support investigative quality.
- **Direct DFPS to leverage recommendations from the Child Protective Investigations Advisory Committee** as established by HB 140 (89R), which was created to improve the accuracy and standardization of investigative legal requirements and agency policies.
- **Consider statutory changes to:**
  - » Provide up-front due process in all qualifying cases.
  - » Extend the time frame to request an ARIF in family-based CPI cases from 45 days to three years.
  - » Establish an internal expungement review process for eligible cases.
- **Review options** for a severity-based Central Registry framework that:
  - » Uses proportional retention periods based on assessed risk and case severity.
  - » Potentially includes a category to exclude certain lower risk incidents.
  - » Incorporates automation to improve consistency in severity code assignments.
- **Evaluate records management improvements**, including:
  - » Updating the records retention schedule to remove certain long-closed cases with exceptions, as appropriate.
  - » Conducting a Business Process Redesign of the records process to identify efficiencies.
  - » Leveraging technology solutions, including artificial intelligence, to improve processing times, and integrating a modernized records management system into the new case management platform funded in the 89th Legislature.

## Issue 2: Strengthening Permanency, Well-Being, and Capacity in the Community-Based Care Model

### A. Brief Description of Issue

*Texas is in the midst of a multi-year transition to Community-Based Care (CBC), a foster care delivery model intended to improve outcomes by allowing a Single Source Continuum Contractor (SSCC) to design and manage local networks of placements and services. While CBC offers potential benefits – such as more responsive service delivery and localized decision-making – the model’s success depends on having sufficient provider capacity, predictable funding, and sustainable performance expectations across regions. Capacity shortfalls that existed in the legacy system persist under CBC and have worsened statewide over the last several years. Implementation is further challenged by the complexity of rollouts, unique rural and urban workforce dynamics, and the need to adapt oversight, statutory authority, and financing to a changing system. Without resolving these issues, CBC’s promise of improving permanency and wellbeing outcomes for children cannot be fully realized.*

### B. Discussion

*Background. Include enough information to give context for the issue. Information helpful in building context includes:*

*What specific problems or concerns are involved in this issue?*

*Who does this issue affect?*

*What is the agency’s role related to the issue?*

*Do any sections of state law create or contribute to the issue?*

*Is there any previous legislative action related to the issue?*

### Overview of the Community-Based Care Model

#### **The Model**

A full description of CBC operations, oversight structure, and implementation history is provided in Section VII: Guide to Agency Programs. The following section highlights key challenges and policy considerations that impact the successful implementation, sustainability, and oversight of CBC across the state. These issues have emerged through DFPS operational experience, stakeholder feedback, and legislative engagement, and they represent areas requiring strategic attention and potential statutory change to support improved outcomes for children and families.

While the model is designed to allow for greater local flexibility and more responsive services, it also introduces significant operational and fiscal complexity. Readiness timelines vary by region, provider capacity remains uneven, and transitioning case management responsibilities can create workforce disruptions. Additionally, the funding structure must evolve to remain responsive to declining foster care populations, especially in rural areas, ensuring that contractors can sustain operations even as the number of children in conservatorship decreases.



## ***CBC Financing Structure and Sustainability Considerations***

CBC's funding model is rooted in the historical costs of the legacy foster care system but incorporates targeted enhancements intended to support SSCC success. Core funding elements include resource transfers from DFPS to the SSCC to assume program responsibilities, foster care payments based on established rates or service packages, and payments for client services such as adoption support, transitional living, and substance use treatment.

SSCCs also receive network support payments to fund administrative and oversight functions unique to the CBC model and start-up funding to establish infrastructure before service delivery begins. In Stage II, an additional 25 percent of the first-year resource transfer total is provided annually to support expanded case management responsibilities. Specialized funding, such as targeted grants to support kinship caregivers, may also be provided to address specific local needs.

CBC's funding structure must adapt to declining foster care populations, geographic cost variation, and the long-term sustainability of SSCC operations in both urban and rural settings, while also providing budget certainty for state funding. The performance-based nature of the model links funding to measurable outcomes, requiring consistent statewide accountability, while allowing for local flexibility in service delivery. This approach is designed to reward innovation and improved results, but it also places operational and financial risk on SSCCs – particularly in regions with limited provider capacity or higher service costs.

## ***Performance Framework and Oversight***

The CBC performance model ties contractor accountability to safety, permanency, and wellbeing outcomes, with incentives and remedies structured to encourage timely achievement of positive, unpaid permanency for children in conservatorship.

In Stage III, SSCCs become eligible for financial incentives when they reduce the number of days children spend in paid foster care before transitioning to a permanent placement. Conversely, financial remedies are applied when children remain in paid care beyond established baseline thresholds. These performance adjustments are calculated using the general revenue portion of the foster care reimbursement rate and are reinvested by the SSCC to improve service quality.

Performance oversight is continuous. A multidisciplinary DFPS oversight team reviews case and outcome data, applying a Continuous Quality Improvement (CQI) process to identify trends and intervene early when performance declines. Interventions may include technical assistance, targeted training, or requiring the SSCC to develop a CQI plan with corrective actions.

To ensure objectivity, state law requires DFPS to engage an independent evaluator to assess CBC's fiscal and performance outcomes. DFPS has contracted with the University of Texas at Austin to complete this evaluation with a final report due in August 2025.

Without continuing to assess and evolve the statutory framework, performance measures, and funding mechanisms, CBC may struggle to sustain the operational stability and service quality needed to achieve its intended goals of improving permanency, stability, and well-being for children in conservatorship. These considerations, combined with the practical realities of workforce transitions, regional capacity differences, and administrative demands, underscore the challenges DFPS faces in successfully implementing CBC across all regions.

## **Operational and Structural Challenges in CBC Implementation**

### ***Placement Capacity Constraints***

Persistent provider shortages, particularly for placements that can meet the needs of high-acuity youth, continue to challenge both the legacy system and CBC regions. These gaps are most acute for children with significant behavioral health needs, developmental disabilities, or complex medical conditions. For example, in some regions there may be no in-region placement equipped to meet the needs of a youth in acute psychiatric crisis, forcing SSCCs to either place the child in a temporary emergency setting for extended periods or secure a placement in another part of the state, sometimes hundreds of miles away.

In addition, ensuring placement options that support transition-aged youth remains key. These youth often require specialized settings that combine stable housing with life-skills development, education, and workforce preparation. Without targeted placement capacity for this population, young adults may exit care without the supports necessary to successfully transition into adulthood.

SSCCs are responsible for developing and sustaining local placement capacity, a function that is essential to the overall success of the CBC model. Their ability to recruit, retain, and support providers directly influences placement stability, proximity to home, and time to permanency. To strengthen this work, DFPS has developed tools and processes to better monitor provider availability, assess regional gaps, and inform targeted capacity-building efforts; however, growing and maintaining sufficient capacity, particularly for high-acuity populations, remains a fundamental challenge.

While CBC's regional contracting structure is intended to strengthen local networks of care, it can unintentionally disadvantage SSCCs when the most appropriate placement is outside their catchment area. This can negatively affect performance measures tied to placement stability, time to permanency, and proximity to the child's home community. It can also create financial strain for SSCCs, as out-of-region or specialized placements often come with higher daily rates and transportation costs.

The T3C rate redesign aims to address these gaps by enabling providers to specialize in serving targeted populations, but full implementation remains several years away.

### ***Challenges in Congregate Care Settings***

Texas relies on two major funding streams to support children in conservatorship: federal IV-E funds for foster care and Medicaid funds for health services. The federal Family First Prevention Services Act (FFPSA) places strict limits on IV-E reimbursement for congregate care placements, which at times conflict with Medicaid requirements. These inconsistencies create operational and funding challenges for placements that serve youth with the highest needs. DFPS and HHSC are working with external consultants to develop strategies that maximize federal funding while ensuring that appropriate congregate care options remain available.

### ***Minimum Standards and Regulatory Impact on Capacity***

While the licensing process is intended to ensure safety and quality in child care placements, providers and legislators have increasingly raised concerns that the current regulatory framework, commonly referred to as "minimum standards," can create unintended disincentives to serving youth with the highest behavioral, developmental, or medical needs. For example, some placements have declined to



accept high-acuity children out of concern that behavioral incidents could jeopardize their compliance status or trigger additional regulatory scrutiny.

These concerns are emerging in the context of a shrinking provider network. Since March 2020, Texas has experienced a 44 percent decline in active licensed foster homes, alongside a substantial decrease in available residential treatment center (RTC) and general residential operation (GRO) beds. This contraction further limits options for high-needs youth, particularly when combined with regulatory requirements that can discourage providers from serving the most challenging populations.

In addition to concerns about minimum standards, legislators have raised questions about inefficiencies in existing contract requirements and operational rules, noting that some may duplicate oversight processes or impose administrative burdens without improving quality. In response, HHSC is conducting a comprehensive review of minimum standards and related regulations with the goal of reducing unnecessary requirements while maintaining safety, quality, and accountability. Further, DFPS is working with HHSC and SSCC partners to reduce duplication of burdensome but necessary monitoring activities. Ensuring that regulations strike the right balance will be critical to expanding provider participation, stabilizing the network, and improving placement options for the state's most vulnerable children.

### ***Support and Stability for Kinship Caregivers***

Kinship care – placement with relatives or close family friends – remains one of the most effective strategies for achieving stability and permanency for children in foster care. Research consistently shows that children placed with kin experience fewer placement changes, stronger connections to family and community, and better long-term outcomes than those placed with non-relative foster families. Ensuring kinship caregivers are well supported also supports overall placement capacity by reserving highly skilled foster homes and other paid placements settings for children and youth without kinship options.

When DFPS removes a child from their home due to abuse or neglect, state law requires courts to first consider placement with a relative or other designated caregiver, and parents are directed to provide information about family members who may be able to care for the child. Despite these statutory preferences, barriers in the verification process continue to limit the number of kinship caregivers who receive the full range of financial and service support available to licensed foster homes.

Texas recognizes two categories of kinship caregivers:

- Verified caregivers, who complete the same licensing process and meet the same minimum standards as traditional foster homes, receive the most comprehensive support. This includes a daily required pass-through payment of \$46.90 per child under the Basic Foster Home Service package in Texas Child-Centered Care, monthly Permanency Care Assistance (PCA) up to \$400 with an additional \$545 for enhanced services, and higher PCA payments for children with complex needs based on their assigned service level.
- Unverified caregivers are eligible for more limited support, such as assignment of a kinship development worker, a Relative or Other Designated Caregiver Payment of \$23.45 per child per day for up to 12 months (with a possible six-month extension), a one-time Kinship Placement Assistance payment of up to \$1,000 per fiscal year, and a one-time reimbursement of up to \$750 if they later become verified.

To encourage more kinship caregivers to pursue verification and access these expanded supports, HHSC is developing tailored minimum standards for kinship homes. These revised standards are intended to maintain child safety while reducing unnecessary barriers that may deter relatives from completing the licensing process.

Even with these improvements, many kinship placements continue to face instability due to limited access to affordable child care, behavioral health services, and other essential support. These gaps can increase the risk of placement disruption, particularly for caregivers balancing employment with caregiving responsibilities or caring for children with significant behavioral health needs. For some children, the absence of step-down programs or intensive outpatient services limits their ability to safely remain in a family setting. Recognizing these challenges, DFPS secured full legislative funding in the FY 2026–27 General Appropriations Act to expand day care availability for children in kinship placements and increase behavioral health services in CBC regions. These investments are designed to strengthen placement stability, reduce disruptions, and support the long-term well-being of children placed with relatives or close family friends.

### **Rollout Complexity and Resource Demands**

Since its inception, CBC implementation has proven more complex and resource-intensive than originally anticipated. Early legislative assumptions about cost structures and rollout timelines have shifted as the state gained practical experience with the model. Each new rollout demands extensive planning, competitive procurement, and readiness review, combined with large-scale staff transitions and ongoing contract management. These efforts are layered on top of existing capacity constraints in both the DFPS legacy system and the provider network – constraints that pre-dated CBC and have continued to intensify.

One of the most challenging aspects of a rollout is the operational and resource strain placed on DFPS during the transition. Moving a catchment area into CBC requires complex administrative coordination, detailed procurement activities, and significant personnel management. This includes offboarding large numbers of DFPS staff whose positions transfer to the SSCC, while simultaneously facilitating opportunities for them to be hired by the SSCC. Many employees face the difficult decision of whether to leave state employment – often giving up long-term benefits such as pension eligibility and job stability that are not easily replicated in the private sector. In some catchment areas, fewer than half of eligible DFPS staff have opted to transfer, creating sudden workforce shortages for the SSCC at the very start of service delivery.

Because of these realities, DFPS can only implement a limited number of rollouts at one time without overextending internal capacity or disrupting service continuity. To mitigate workforce disruption, the agency has pursued several support strategies, including legislative funding requests for Stay/Pay bonuses, ongoing responsiveness to SSCC feedback on the Resource Transfer process, and efforts to align SSCC salaries with proposed increases for DFPS staff.

Importantly, the agency's role does not end once administrative responsibilities shift to the SSCC. DFPS must retain enough internal capacity to fulfill its oversight role – monitoring contract performance, ensuring compliance, and providing training. For example, training-related FTEs are transferred with the Resource Transfer, yet DFPS legacy staff still require onboarding, continuing education, and

policy training. Without adequate training resources, the agency's ability to respond effectively to performance issues or changes in law and policy could be diminished, ultimately affecting the quality and consistency of care statewide.

### ***Geographic and Market Factors Affecting CBC***

CBC implementation is shaped by Texas's geography, shifting child welfare demographics, and regional labor markets, with both rural and urban areas presenting distinct challenges that require tailored responses from DFPS and the Legislature.

Texas continues to make system-wide improvements in child welfare that emphasize family preservation and in-home support, contributing to a steady decline in the number of children entering foster care. While these outcomes are positive for children and families, they create new challenges for the financial sustainability of CBC. SSCCs operate outside the state budgeting process and must balance operational costs with a shrinking population of children in care – a dynamic that can be particularly acute in sparsely populated areas.

Rural regions face some of the most significant barriers. Low population density, limited provider networks, and the structural feature of CBC – one SSCC per catchment area – make it difficult to recruit and sustain contractors capable of delivering comprehensive services across large territories. DFPS released Requests for Applications for Region 9 in April 2022 and Region 10 in February 2024, but neither received bids. Even where contracts are in place, long travel distances between providers and children's home communities complicate efforts to "keep kids local" without compromising placement appropriateness. Recognizing these challenges, the 89th Legislature passed SB 513, authorizing a rural pilot program to explore alternative models in regions where CBC has been difficult to launch.

Urban areas present a different set of pressures. Larger labor markets increase competition for qualified staff, and workforce instability can quickly disrupt performance. This occurred in Region 3E (Dallas) where the SSCC began Stage II case management in March 2024 but soon experienced significant staff turnover, creating immediate service delivery challenges. DFPS responded with targeted technical assistance and heightened oversight to support stabilization.

### **Preparing DFPS for Its Evolving Role Under Full CBC Implementation**

As CBC expands toward full statewide rollout, currently projected for 2029, the role of DFPS will shift from direct service delivery to one centered on oversight, accountability, and system coordination. This evolution requires both contingency planning for operational risks and adjustments to the scope of services within CBC.

#### ***DFPS's Changing Role***

The Texas child protective system of the past – centered on DFPS as the primary provider of placement, case management, and direct services – is undergoing a fundamental transformation. As CBC becomes fully realized, the agency's role is shifting from direct service delivery to a performance-based oversight and system coordination model. What remains clear, though, is that DFPS retains core responsibilities that are essential to safeguarding children and ensuring accountability in the system.

To meet these needs, DFPS is restructuring to align its operations, staffing, and infrastructure with the demands of oversight, contract management, and performance monitoring. The agency's Future State

Initiative (referenced in Section XII: Agency Comments) outlines planned adjustments to the regional and state office structure to reflect this evolving role.

Under the fully implemented CBC model, DFPS will:

- Provide regional oversight and performance reporting for SSCCs.
- Ensure accountability for SSCC performance through monitoring, evaluation, and enforcement of contract requirements.
- Offer targeted support to SSCCs facing performance challenges.
- Act as the safety net in the event of SSCC contract failure or withdrawal.
- Manage procurement and statewide contract administration for SSCCs.

These responsibilities will remain central to the agency's mission well beyond full CBC implementation, requiring a sustained focus on maintaining capacity, expertise, and readiness to respond to emerging challenges.

### ***Contingency Planning for Contractor Failure***

The single-contractor structure of CBC promotes clear accountability but also creates operational risk if an SSCC cannot continue services. In such circumstances, the state must act quickly to protect children and families while transitioning responsibilities back to DFPS or to another contractor. DFPS is actively developing contingency strategies to address these scenarios, with an emphasis on rapid stabilization, clear transition protocols, and maintaining service continuity during periods of organizational change.

### ***Service Scope Considerations***

At present, CBC's operational scope includes placement and case management for children in conservatorship, while DFPS retains responsibility for FBSS. FBSS focuses on preventing removals, reducing safety threats, and supporting safe reunification – functions that are closely connected to SSCC responsibilities but currently operate outside the CBC framework. This separation can create service gaps and complicate coordination between DFPS and SSCCs. Legislative stakeholders continue to examine whether including FBSS in a future phase of CBC could strengthen service alignment, improve continuity, and enhance outcomes for children and families.

### ***Role of the Office of Community-Based Care Transition***

SB 1896 (87R) established the OCBCT as an independent office administratively attached to DFPS, tasked with overseeing the planning and implementation of CBC. For FY 2024, OCBCT was appropriated \$2.2 million and authorized 262 FTEs. By statute, the office will sunset once CBC is implemented statewide; however, the core oversight functions it performs – such as contract monitoring, procurement, and re-procurement – will remain necessary beyond that date.

To ensure alignment and reduce redundancy, DFPS created the CBCO division and coordinated its leadership with OCBCT. This dual-leadership structure has improved operational cohesion, streamlined decision-making, and strengthened the state's ability to address implementation challenges in real time.

## C. Possible Solutions and Impact

*Provide potential recommendations to solve the problem. Feel free to add a more detailed discussion of each proposed solution, including:*

*How will the proposed solution fix the problem or issue?*

*How will the proposed change impact any entities or interest groups?*

*How will your agency's performance be impacted by the proposed change?*

*What are the benefits of the recommended change?*

*What are the possible drawbacks of the recommended change?*

*What is the fiscal impact of the proposed change?*

- Direct DFPS to conduct recurring reviews of CBC financial assumptions – network support payments, reimbursement rates, and resource transfer processes – and report findings to the Legislature to ensure sustainability and fiscal accountability.
- Consider amending the CBC financial model to improve accuracy of the rates and upfront CBC payments as well as enforce the financial stipulations set forth by the Legislature to contain the cost of the CBC model.
- Amend statute to require SSCC participation in the Foster Care Needs Report to ensure the report reflects full statewide capacity and projected service demands.
- Direct DFPS and the SSCCs through their contracts to enhance recruitment and support for providers, including foster families and treatment of foster care families, to build and retain in-home placement options.
- Support HHSC's ongoing review of minimum standards and apply resulting rule changes to strengthen and expand provider capacity.
- Implement revised HHSC minimum standards for kinship care to reduce barriers to verification and increase the number of kinship caregivers eligible for full support.
- Expand access to services for kinship caregivers that are identified as barriers to kin accepting youth in care, including funding made available to verified foster placements and day care services.
- Amend statute to allow model flexibility, including adjusted procurement approaches and subcontract structures for case management services, to address challenges in service areas such as non-profit financial viability, insurance coverage and liability, geographic locations for facilities, and capacity building in sparsely populated areas.
- Direct DFPS to complete the planned restructuring of regional and state office operations to align resources with the agency's evolving role as an oversight and contract management entity.
- Direct DFPS to assess the feasibility of integrating FBSS into the CBC model, including potential approaches for SSCCs to deliver these services in support of continuity of care and family preservation.
- Consider consolidating the OCBCT, as established in Texas Family Code Section 264.172, and the CBCO division at DFPS through statutory changes to eliminate duplicative functions, improve leadership alignment, and strengthen oversight of CBC implementation.

### **Issue 3:**

## **Complex Systems and Limited Availability Leave Families Without a Clear Path to Critical Services**

### **A. Brief Description of Issue**

*Access to essential medical and support services, including behavioral health services, remains a challenge in Texas. These access-to-care gaps impact families statewide as well as those with DFPS involvement. Children in conservatorship experience behavioral health challenges at a higher rate than the general population. This not only creates difficulties once they enter state care but also highlights broader gaps in access to behavioral health and other services across the system. These challenges affect the child protection system in a few key ways including reports to SWI that do not meet the criteria for abuse and neglect, families relying on the child protection system as a system of “last resort” when they are unable to access needed services earlier, and children in DFPS conservatorship or adopted from DFPS requiring specialized behavioral health services that may not be available.*

### **B. Discussion**

*Background. Include enough information to give context for the issue. Information helpful in building context includes:*

*What specific problems or concerns are involved in this issue?*

*Who does this issue affect?*

*What is the agency’s role related to the issue?*

*Do any sections of state law create or contribute to the issue?*

*Is there any previous legislative action related to the issue?*

### **Entry Point to the Child Protection System**

SWI’s primary function is to screen and route reports of abuse and neglect, and they are not designed or resourced to connect individuals directly to community services. In FY 2024, only 53.7 percent of reports made to SWI met the legal criteria for abuse, neglect, or exploitation, meaning nearly half of the reports made did not meet the threshold for an investigation by CPI or APS.

SWI reports that contacts that did not meet the criteria for abuse and neglect investigation were often made in an effort to gain access to services not provided by DFPS, underscoring the difficulties that families have in navigating the complex system of services across the state and exposing access-to-care gaps in community supports and in the health care system. When these families and individuals are unable to successfully access the support and services they need early on, they may eventually experience abuse and neglect, requiring DFPS intervention.

### **Access to Behavioral and Medical Health Services**

Families may engage in the child welfare system because they have been unable to fully address their child’s behavioral health needs. As a result, DFPS becomes involved with some families due to refusal



to accept parental responsibility. Helping to ensure that families have access and know-how to access these services keeps children out of foster care. Projects by the Legislature, like the RTC Project, address these challenges; however, the need exceeds available resources.

In addition, in some situations, DFPS becomes legally responsible for children and youth when other state systems cannot meet a child's needs. Youth who are discharged from state and private programs are sometimes referred to DFPS when those youth cannot return to their families and when no appropriate placements or treatment settings are available.

Once children are in conservatorship, DFPS is responsible for ensuring timely access to medical and behavioral health services. However, placement in state custody does not guarantee timely or specialized treatment availability. In some of these cases, the underlying issue is not abuse or neglect but an inability to secure intensive treatment in the community. Without broader system capacity and better cross-agency coordination, DFPS will continue to absorb cases that could have been addressed through community-based services outside of conservatorship.

For children in DFPS care, this access is provided through STAR Health – the managed care health plan that serves all youth in conservatorship. STAR Health relies on the same health care provider network available to other Texas families. This means DFPS youth face the same systemic challenges – statewide workforce shortages, limited-service options, and uneven geographic distribution of pediatric specialty care. In rural areas, these barriers are magnified, resulting in even less provider availability, and this shortage is particularly notable as it relates to behavioral health care providers. Health care access issues also compound the shortage of foster care placements in rural areas that rely on those limited health care services to serve children over a large geographical area.

Even when services are available, DFPS youth with high behavioral health needs often face additional challenges. In some of these cases, current providers are unable to stabilize youth in treatment, or the level of care required does not exist locally. This creates gaps between treatment episodes, inconsistent medication management, and worsening symptoms. When foster care providers cannot meet these needs, DFPS must turn to child-specific contracts to purchase specialized care at higher rates, including placements out of state.

An additional complication is that because the STAR Health plan is administered by HHSC, DFPS does not currently have access to health data pertaining to children and youth in conservatorship. The agencies are currently exploring data sharing options to give DFPS access to this data for children and youth in conservatorship. This data provides critical insights into the needs of children and youth in care and can be used to inform health policies and capacity development, ultimately improving health outcomes for children in conservatorship.

### **CWOP as a Symptom of Behavioral Health System Strain**

One of the most visible consequences of limited provider availability and gaps in specialized care is the occurrence of Children Without Placement (CWOP) events. CWOP numbers peaked in July 2021 when 417 children experienced CWOP events during the month with an average daily census of 191 youth without placement.

In response, DFPS implemented operational changes such as daily staffing protocols to coordinate placement efforts, collaboration with contracted providers to create short-term emergency care

settings, and the opening of Ferne House in April 2024 – a short-term DFPS supervised CWOP location designed to provide temporary emergency care by stabilizing youth with the highest needs. CBC providers have also played a critical role by developing localized responses, such as emergency shelters, family finding, and dedicated staffing resources.

These combined efforts led to a significant reduction in CWOP incidents. In July of FY 2025, the average daily CWOP census of children without placement dropped to 26.3 from 78.3 in July of FY 2022; however, the youth who remain in CWOP status have highly complex needs. The Legislature passed HB 109 and a corresponding contingency rider directing HHSC to establish a state hospital with capacity for 30 children and youth; however, establishing and maintaining stabilizing placements for these children with high needs will require continued investment in therapeutic services, expansion of specialized provider capacity, and strengthened coordination across systems to ensure timely and appropriate care.

### **Barriers to Parent Services Delay Reunification**

While some children enter DFPS care through referrals from other systems, many parents involved with DFPS rely on services delivered primarily through state and community-based resources. Similar gaps for these services – whether due to limited availability or other barriers – can delay or prevent parents from addressing the underlying issues that led to DFPS involvement, ultimately impacting reunification timelines and child well-being.

For example, DFPS refers parents struggling with substance use to their Local Mental Health or Behavioral Health Authority (LMHA/LBHA) through the Outreach, Screening, Assessment, and Referral (OSAR) process, administered and funded by HHSC. Parenting classes are most often provided by local nonprofits or community centers. While DFPS directly funds some services – such as psychological evaluations, therapy, and child care assistance – these resources are limited in scope and designed to supplement, not replace, the broader network of community-based supports. When these supports are unavailable or insufficient, parents may face significant delays in receiving help, which can prolong safety risks, extend DFPS involvement, and hinder timely reunification.

### **Behavioral Health Needs in Adoptive Families**

These same service gaps also affect families who have already adopted children from foster care. Behavioral health needs can emerge years after adoption, often during adolescence, when trauma histories, developmental challenges, or new mental health conditions become more apparent. In Texas, there is no formal system for proactively following up with adoptive families after finalization, which means emerging needs may go unaddressed until a crisis occurs.

Other states have implemented scheduled follow-ups – often at five- and 10-years post-adoption – to check in with families, connect them to resources, and address behavioral health concerns before they escalate. These states also dedicate post-adoption funding to cover specialized treatment, reducing the risk of adoption disruptions, or reentry into foster care.

DFPS has begun work with other system stakeholders, including the Heart Galleries of Texas, to assess engagement with post-adopt families and to identify unmet needs and potential solutions to strengthen post-adopt support. Providing support and specialized treatment options to adoptive



families is critical to ensuring that children adopted from DFPS with high needs can heal and can successfully have their needs met by adoptive families.

### C. Possible Solutions and Impact

*Provide potential recommendations to solve the problem. Feel free to add a more detailed discussion of each proposed solution, including:*

*How will the proposed solution fix the problem or issue?*

*How will the proposed change impact any entities or interest groups?*

*How will your agency's performance be impacted by the proposed change?*

*What are the benefits of the recommended change?*

*What are the possible drawbacks of the recommended change?*

*What is the fiscal impact of the proposed change?*

- Partner with HHSC to expand and publicize the Texas Helplines, creating a clear and well-resourced alternative to the SWI abuse hotline for families seeking help with non-abuse or neglect concerns.
- Collaborate with HHSC and other state agencies to standardize mandatory reporter training across government entities, ensuring consistent understanding of reporting thresholds and reducing unnecessary DFPS referrals.
- Relevant agencies should consider coordinated, cross-agency budget requests that fund the full continuum of care.
- Assess current programs and remaining needs to make recommendations for services that could further help prevent removal and support reunification.
- Direct DFPS to work with Heart Galleries of Texas to coordinate post-adopt service strategies and requests for children and youth adopted from DFPS.

### Issue 4:

### **Maintaining a Highly Qualified Workforce by Recruiting, Supporting, and Retaining Staff Agency-Wide**

#### A. Brief Description of Issue

*DFPS operates in one of the most complex human services environments in Texas where staff are tasked with protecting the state's most vulnerable children, families, and adults. The agency has made progress in reducing turnover, but workforce stability remains a pressing challenge. Sustaining gains requires hiring the right people, ensuring manageable workloads, and providing supportive supervision that prioritizes both safety and wellness. Without a consistent and experienced workforce, the agency's ability to carry out its mission is compromised.*

## B. Discussion

*Background. Include enough information to give context for the issue. Information helpful in building context includes:*

*What specific problems or concerns are involved in this issue?*

*Who does this issue affect?*

*What is the agency's role related to the issue?*

*Do any sections of state law create or contribute to the issue?*

*Is there any previous legislative action related to the issue?*

### Challenges in Recruiting Qualified Staff

Turnover at DFPS remains among the highest of any state agency, with rates of 27.8 percent in FY 2022, 25.6 percent in FY 2023, and 22.3 percent in FY 2024. Replacing these employees is time-intensive; the average time to recruit, hire, and train new case-assignable investigators or caseworkers is 6.5 months for APS and 4.75 months for CPI/CPS. In response, the agency has implemented targeted recruitment improvements – including investments in online platforms such as Handshake, Indeed, and LinkedIn, and streamlining hiring processes – reducing the average time from identifying a top candidate to extending an offer from 24.07 days in June 2023 to 10.7 days in July 2025. These changes enable DFPS to secure qualified candidates more quickly and reduce the risk of losing them to faster-moving employers.

Despite these gains, recruiting and retaining qualified staff remains a significant challenge and an ongoing focus for the agency. DFPS must identify individuals with the temperament, judgment, and interpersonal skills to perform in high-stress, high-stakes environments where the work is emotionally demanding and often involves safety risks. Recruitment strategies must be tailored to Texas's geography: in urban areas, DFPS competes with employers offering higher salaries, while rural and remote regions face a smaller applicant pool and limited access to candidates with necessary qualifications. As of July 2025, the statewide average fill rate is 92 percent; however, regions such as Midland/Odessa average 10 percentage points lower, and Austin averages five percentage points lower, influenced by competitive wages in the oil and gas industry and the area's high cost of living.

Unlike some states, Texas does not require a Master of Social Work degree for casework positions, placing greater responsibility on DFPS to prepare new hires through robust pre-service training – a process that, while essential, requires substantial time and resources to ensure staff are equipped for the complex realities of child protection and adult protective services.

Continued challenges in attracting and retaining a highly qualified workforce threatens the agency's ability to deliver consistent, high-quality services. Exit survey responses through FY 2024 identify "higher salary" as the leading reason employees leave DFPS, and pay remains one of the top reasons candidates decline job offers.

### Inconsistent Compensation Structure

Over time, DFPS has implemented a series of fragmented efforts to address workforce issues through targeted salary increases for specific programs, teams, or regions. While these measures were often

necessary to address immediate staffing challenges, they resulted in an inconsistent pay structure across the agency. These targeted increases contributed to supervisory pay compression – instances where supervisors earn salaries close to or even less than those they supervise – creating concerns and disincentivizing staff from seeking promotion into leadership roles.

Despite taking steps to address urgent workforce needs, DFPS has not historically pursued a comprehensive, agencywide compensation strategy. Instead, the agency has relied on targeted pay adjustments for specific programs or roles, which were helpful in the short term but have not addressed broader structural pay issues. In the 89th Legislative Session's LAR, DFPS requested funding to address workforce retention and pay concerns across divisions for frontline staff; however, this request was not fully funded, leaving the agency without a long-term, sustainable solution to improve compensation across all job classes and divisions.

These ongoing challenges have made it difficult for DFPS to retain experienced staff, particularly in supervisory roles, and have highlighted the need for a more strategic and equitable approach to compensation.

### **Persistent Retention Barriers**

Retention is a greater challenge than recruitment. This level of turnover has cascading impacts across the agency. High caseloads place additional pressure on remaining staff, accelerating burnout and further attrition. Morale declines as institutional knowledge and specialized skills are lost, while the agency incurs increased costs for recruitment, hiring, and training. Data illustrate the retention challenge: CPI Specialist I has a turnover rate near 50 percent, yet once staff advance to Specialist II after approximately nine months and additional training, turnover drops to below 20 percent and continues to decline at higher levels in the career ladder. Without competitive pay and targeted strategies to retain skilled staff, DFPS will continue to struggle to maintain the workforce necessary to meet its mission.

### **High Workloads and Workforce Safety**

Maintaining manageable workloads is essential to workforce retention and stability. High caseloads limit the time and attention caseworkers can devote to each child, family, or vulnerable adult, increasing stress and the risk of burnout. Heavy workloads also magnify the emotional impact of the job, accelerating secondary trauma and eroding morale. When staff are overextended, the quality of services declines, decision-making suffers, and turnover rises – creating a cycle that places further strain on the remaining workforce. Sustaining manageable caseloads requires careful staffing allocation, consistent monitoring, and a commitment to ensuring that the complexity of cases is factored into workload distribution, not just raw case counts.

At DFPS, wellness begins with the agency's *Stronger Together* wellness framework. This first pillar—protecting frontline staff from harm—underpins all others: connection and community, work–life harmony, mattering at work, and opportunities for growth. DFPS staff are not officially recognized as “first responders,” yet their daily work places them in situations every bit as dangerous and unpredictable as those faced by law enforcement or emergency medical personnel. Investigators and caseworkers routinely go alone in their own personal vehicles to unfamiliar homes and neighborhoods

to address serious allegations of abuse or neglect – circumstances that can escalate in an instant. These risks are compounded by the need to make critical decisions under pressure, often in the presence of individuals in crisis. Prioritizing staff safety in these situations is the foundation for all other aspects of employee wellness. Without it, efforts to improve morale, resilience, or retention cannot succeed.

While most of the time caseworkers are not confronted with overt violence, the risks are real and significant. In FY 2024, DFPS received 729 staff-reported critical incidents ranging from personal property damage and cyberbullying to direct physical assaults. Staff face confrontations in volatile environments, threats to personal safety with limited or delayed backup, and the cumulative emotional toll of repeated exposure to trauma.

Despite these realities, the hazardous nature of DFPS work remains largely invisible to the public. Unlike other emergency services, the dangers and sacrifices inherent in child and adult protection are not broadly recognized, leaving staff without the same level of societal acknowledgment, protection, and support afforded to other first responders.

### **Unaddressed Secondary Trauma and Safety Risks**

In addition to the physical risks, DFPS staff face profound emotional hazards. Constantly navigating tense and sometimes dangerous situations takes a toll, even when no immediate threat is present. The work demands repeated exposure to heartbreaking circumstances – children who have suffered abuse or neglect, vulnerable adults facing exploitation, and families in deep crisis.

This unrelenting exposure can lead to secondary trauma, a well-documented occupational hazard in first responder professions and in child and adult protection. Over time, it affects morale, erodes job satisfaction, and contributes to workforce turnover, particularly among frontline staff and regional attorneys. Research on law enforcement professionals link secondary traumatic stress to burnout and post-traumatic stress disorder, underscoring the need for organizational strategies to protect staff.

Within the child welfare field, early but promising research on interventions has shown potential to reduce secondary traumatic stress and burnout when paired with peer support and trauma-informed supervision. While evidence is still emerging, these models offer practical strategies for strengthening workforce resilience and supporting staff well-being. Some reports show that up to half of child welfare workers are at elevated risk for secondary trauma, making the need for structured prevention and mitigation strategies urgent.

### **Challenges with Supervisory Support Can Undermine Retention**

While organizational systems are essential, the day-to-day relationship between staff and their supervisors often has the most direct influence on whether employees choose to stay or leave. Caseworkers consistently report that the quality of their supervisor – measured by support, communication, and fairness – is one of the primary factors in their job satisfaction and retention. Skilled supervisors not only provide guidance and oversight but also serve as a critical source of emotional support, helping staff navigate the pressures of high caseloads, complex cases, and emotionally charged situations.

In child welfare specifically, research consistently shows that supportive, skilled supervisors are one of the strongest predictors of worker retention. Caseworkers frequently report that the quality of

their supervisory relationship is a key factor in determining whether they remain in the job or leave the agency. DFPS exit survey data reinforce this finding: in the University of Texas exit survey data for DFPS, “issues with supervisor” ranked among the top reasons for leaving in each of the past three years, cited by nearly 30 percent of respondents in FY 2025 to date. The State Auditor’s Office survey shows a similar pattern, with supervisor-related issues cited by 20 percent of respondents in FY 2025 to date – a consistent top five factor. These results underscore that while competitive pay and manageable workloads are important, strengthening supervisory support is equally critical to improving retention.

While DFPS has focused heavily on supervisor development in recent years, there is currently no standardized approach for holding supervisors accountable for their impact on workforce retention, no consistent metrics for measuring supervisory influence, and limited tools for evaluating supervisor performance beyond general leadership expectations. These gaps make it difficult to identify where supervisory relationships are thriving versus where targeted support or intervention may be needed.

Investing in supervisor training, workload management, and tools for trauma-informed leadership is therefore not only a workforce development strategy, but an imperative.

## **Outdated Technology and Inefficient Data Systems**

### ***Technology and System Modernization***

DFPS operates in a demanding environment where workforce stability, modern technology, and secure systems are essential to carrying out its mission. Despite progress in reducing turnover and securing funding for a new case management system, challenges remain related to recruitment, retention, worker safety, information security, and technology infrastructure. Addressing these challenges – including modernizing outdated systems and improving system interoperability – is critical to ensuring that staff are supported, client information is protected, and the agency remains responsive to the needs of children, families, and vulnerable adults across Texas.

Technology plays a vital role in supporting the DFPS workforce, especially given the agency’s decentralized structure and the emotionally demanding nature of its work; however, DFPS continues to face significant barriers due to an aging information technology infrastructure and limited interoperability between systems.

While some enhancements have been made, significant challenges still remain for caseworkers. Some staff must still navigate three different system architectures to perform their job functions. The current technical and data limitations require workarounds and manual processes, leading to frustration for caseworkers and providers and detracting their attention from critical casework responsibilities. Integrating advanced tools such as artificial intelligence (AI) and robotic process automation is challenging due to the underlying architecture and customized coding in the state’s legacy system of record, IMPACT.

To address these challenges and others, DFPS submitted and received approval for an exceptional item request in the 89th (R) Legislative Session to build a new case management system and supporting technologies. DFPS submitted an initial request for approval through the Administration for Children and Families/ACF Children’s Bureau to adopt a CCWIS (Comprehensive Child Welfare Information System) compliant system, which was recently approved, and will enable DFPS to receive federal reimbursement for some of the system costs.

This new system is being designed to serve both DFPS and the SSCCs. The implementation of a new case management system using modern technologies will allow DFPS and SSCC caseworkers to engage more meaningfully with clients, spend less time on data entry and redundant tasks, and improve job satisfaction and retention. This will improve data collection and dashboards, equipping supervisors with tools to prioritize tasks and assess staff performance, and agency leadership with more reliable data needed to assess agency performance and analyze outcomes. While planning for the new system is already underway, complete implementation will occur over the next several years and is contingent on further appropriation from the Legislature.

### C. Possible Solutions and Impact

*Provide potential recommendations to solve the problem. Feel free to add a more detailed discussion of each proposed solution, including:*

*How will the proposed solution fix the problem or issue?*

*How will the proposed change impact any entities or interest groups?*

*How will your agency's performance be impacted by the proposed change?*

*What are the benefits of the recommended change?*

*What are the possible drawbacks of the recommended change?*

*What is the fiscal impact of the proposed change?*

- **Change statute to allow DFPS** to reimburse employees for property damage incurred in the line of duty and for legal costs associated with protective orders obtained as a result of DFPS work.
- **Continue to invest in supervisors**, including use of staff feedback and retention data to inform skills needed.
- **Strengthen and integrate its wellness, safety, and secondary trauma initiatives** into a coordinated framework that maximizes their impact on workforce retention and resilience.
- **Incorporate relevant Business Process Redesign recommendations** into the new case management system to support efficient, consistent, and user-centered workflows.

### D. What key obstacles impede your agency's ability to achieve its objectives?

Addressed in Section C.

### E. What, if any, agency or program functions does your agency perform that are no longer serving a clear and ongoing purpose? Could any agency functions be eliminated so agency resources could be better directed elsewhere? If so, which?

Addressed in Section C.

**F. Aside from acquiring additional staff or funding, what are your agency's biggest opportunities for improvement in the future? For example, are there other programs or duties the agency could take on to better carry out its mission?**

Addressed in Section C.

## X. Other Contacts

**A. Fill in the following tables with updated information on people with an interest in your agency. Be sure to include their most recent email address.**

### Texas Department of Family and Protective Services Exhibit 17: Other Contacts

#### Interest Groups

*(groups affected by agency actions or that represent others served by or affected by agency actions)*

Group or Association Name/ Contact Person	Address	Telephone	Email Address
2INgage/Shirley Dwyer	147 Sayles Blvd. PO Box 3719 Abilene, TX 79605	913-755-1442	sdwyer@tfics.org
4Kids4Families/Scott Lundy	2929 Fm 2920 Rd. Spring, TX 77388	855-454-3367	scott.lundy@Arrow.org
A World for Children/ Ashleigh Wilkes	109 S Harris St. Ste. 200 Round Rock, TX 78664	512-218-4400	wilkesa@awfc.org
Our Community Our Kids/ Mike Bryant	3712 Wichita St. Fort Worth, TX 76119	817-886-7103	mike.bryant@oc-ok.org
Alzheimer's Association/ Maxine P. Vieyra	5508 Highway 290 W Ste. 206 Austin, TX 78735	956-304-0388	mpvieyra@alz.org



Group or Association Name/ Contact Person	Address	Telephone	Email Address
American Association of Retired Persons (AARP)/ Andrea Earl	98 San Jacinto Blvd. #750 Austin, TX 78701	512-480-2425	aearl@aarp.org
Belong/Tara Roussett	8918 Tesoro Dr. Ste. 535 San Antonio, TX 78217	210- 882-6204	troussett@sjrctexas.org
Bluebonnet Trails Community Services/Mike Maples	1009 N. Georgetown St. Round Rock, TX 78664	737-600-2039	mike.maples@bbtrails.org
Buckner International/ Andrea Sparks	700 N. Pearl St. Ste. 1200 Dallas, TX 75201	214-758-8000	asparks@buckner.org
Building Future Families/ Denise Blakney	907 Leadville Dr. Arlington, TX 76007	214-997-7746	buildingfuturefamilies@gmail.com
Children's Advocacy Centers of Texas/Catherine Henning	1501 W. Anderson Ln. Building B-1 Austin, TX 78757	512-967-4519	chenning@cactx.org
Casey Family Programs/ Anne Heiligenstein	5201 E. Riverside Dr. Austin, TX 78741	512-892-5890	aheiligenstein@casey.org
DePelchin Children's Center/Jenifer Jarriel	4950 Memorial Dr. Houston, TX 77007	512-719-3222	Info@depelchin.org jjarriel@depelchin.org
EMPOWER/Shirley Dwyer	4441 W. Airport Fwy., Ste. 340 Irving, TX 75062	913-755-1442	sdwyer@tfics.org



Group or Association Name/ Contact Person	Address	Telephone	Email Address
Harris County Guardianship, Harris County Probate Court #3/Rachel Portnoy	201 Caroline St. Ste. 700 Houston, TX 77002	832-549-2416	Rachel.Portnoy@prob. hctx.net
Heart Galleries of Texas/Kori Gough	405 W. 25th St. Stop D3510 Austin, TX 78705	512-471-3434	kori.gough@austin. utexas.edu
Meadows Mental Health Policy Institute (MMHPI)/ Andy Keller	3003 Swiss Ave. Dallas, TX 75204	972-884-4660	akeller@mmhpi.org
Meals on Wheels/Olivia Burdick, President	17 Old San Antonio Rd. Boerne, TX 78006	830-249-2114	olivia@ thecenterboerne.org
New Horizons Ranch/ Michael Redden	147 Sayles Blvd. Abilene, TX 79605	325-437-1852	mjr@newhorizonsinc. com
One Accord for Kids/ Brandon Logan	18 Desta Dr. Midland, TX 79705	432-279-0278	info@oneaccordtx.org
Saint Francis Community Services, Inc./Cristian Garcia	1611 10th St. Lubbock, TX 79401	432-236-1237	cristian.garcia@ saintfrancisministries. org
Superior HealthPlan/ Kathleen Ballee	5900 E. Ben White Blvd. Austin, TX 78741	800-218-7453	kathleen.ballee@ superiorhealthplan. com
Texans Care for Children/ Stephanie Rubin	1016 La Posada Dr. #240, Austin, TX 78752	512-473-2274	srubin@txchildren.org
Texas Alliance of Child and Family Services (Texas Center for Child and Family Studies)/Megan Ransom	409 W. 13th St. Austin, TX 78701	512-892-2683	info@tacfs.org

Group or Association Name/ Contact Person	Address	Telephone	Email Address
Texas CASA/Vicki Spriggs	1501 W. Anderson Ln. Ste. B-2, Austin, TX 78757	512-473-2627	txcasa@texascasa.org
Texas Council of Community Centers/Leela Rice	8140 N. Mopac Expy., Austin, TX 78759	512-794-9268	lrice@txcouncil.com
Texas Council of Child Welfare Boards (TCCWB)	PO Box 42363 Austin, TX 78704	512-939-7746	gford@tccwb.org
Texas Council on Family Violence/Molly Voyles	PO Box 163865 Austin, TX 78716	512-685-6231	mvoyles@TCFV.org
Texas Family Care Network/ Susanne Cole	TFCN Nederland Office 1128 N. Memorial Fwy., Ste. A, Nederland, TX 77627	888-892-1110	scole@pressleyridge.org
Texas Network of Youth Services/Fedora Galasso	7703 N. Lamar Blvd. #260 Austin, TX 78752 PO Box 26855 Austin, TX 78755	713-480-0431	fgalasso@tnoys.org
Texas Partners for APS (TX PAPS)/Kim Varner	3801 E. Crest Dr. Bryan, TX, 77802	Office: 979-703-7088 Cell: 979-777-9375	kvarner@ireg.us
Texas Silver Haired Legislature/Linda Timmerman	1514 South New Rd. Waco, TX 76711	254-292-1800	timmerlinda@gmail.com

Group or Association Name/ Contact Person	Address	Telephone	Email Address
The Harris Center for Mental Health and IDD/ Wayne Young	9401 Southwest Fwy., Houston, TX 77074	713-970-7000	wayne.young@theharriscenter.org

Table 25 Exhibit 17 Interest Groups

### **Interagency, State, or National Associations**

(that serve as an information clearinghouse or regularly interact with your agency)

Group or Association Name/ Contact Person	Address	Telephone	Email Address
Children's Hospital Association of Texas/ Christina Hoppe	823 Congress Ave. Ste. 1500 Austin, TX 78701	512-320-0910	christina.hoppe@chatexas.com
City of San Antonio, Senior Services Division, Department of Human Services/Debra Colorado	100 W. Houston 9th Floor San Antonio, TX 78205	210-207-8868	debra.colorado@sanantonio.gov
Department of Public Safety/Heidi Prather	5805 N. Lamar Blvd. Austin, TX 78752	512-424-2814	heidi.prather@dps.texas.gov
Department of State Health Services/Rachael Hendrickson	1100 W. 49th St. Austin, TX 78756	512-776-3246	rachael.hendrickson@dshs.texas.gov
Forensic Assessment Center Network/Nicolle Zaharis	66401 Fannin St. Houston, TX 77030	713-500-6204	nicolle.m.zaharis@uth.tmc.edu
Health and Human Services Commission/Joey Reed	PO Box 13247 Austin, TX 78711	512-450-8349	joey.reed@hhs.texas.gov
Health and Human Services Commission/Office of Area Agencies on Aging	701 W. 51st St. Austin, TX 78751	512-438-4055	info.oaaa@hhs.texas.gov

Group or Association Name/ Contact Person	Address	Telephone	Email Address
HHS Child Care Regulation/ Jennifer Horne	4601 W. Guadalupe St. Austin, TX 78751	512-438-3446	jennifer.horne01@hhs.texas.gov
HHS Children's Mental Health/Elizabeth Pearson	4601 W. Guadalupe St. Austin, TX 78751	512-243-4241	elizabeth.pearson01@hhs.texas.gov
HHS Community Resource Coordination Groups/Julie Abreu	PO Box 149347 MC 2023 Austin, TX 78714	512-206-5255	julie.abreu@hhs.texas.gov
HHS Complaint and Incident Intake/Kara Whiddon	4603 W. Guadalupe St. Austin, TX 78751	512-438-3522	kara.whiddon@hhs.texas.gov
HHS Continuity of Services Manager-State Hospitals/ Matthew Moravec-Gallagher	PO Box 149347 MC 2023 Austin, TX 78714	430-244-9933	matthew.moravec-gallagher1@hhs.texas.gov
HHS Ombudsman for Children and Youth in Foster Care/Deirdre Ford	4604 W. Guadalupe St. Austin, TX 78751	844-286-0769	deirdre.ford@hhs.texas.gov
HHS Provider Investigations/Jaeliza Burnside	4602 W. Guadalupe St. Austin, TX 78751	512-560-6106	jaeliza.burnside@hhs.texas.gov
HHS Provider Investigations/Joshua Bann	4602 W. Guadalupe St. Austin, TX 78751	512-417-5010	joshua.bann@hhs.texas.gov
National Center on Substance Abuse and Child Welfare	3200 El Camino Real Unit 170 Irvine, CA 92602	714-505-3525	contact@cffutures.org

Group or Association Name/ Contact Person	Address	Telephone	Email Address
Office of the State Long-Term Care Ombudsman/ Patty Ducayet	4601 Guadalupe St. Austin, TX 78751	512-438-4265	ltc.ombudsman@hhs.texas.gov; patricia.ducayet@hhs.texas.gov
Senior Justice Assessment Center/Shelby Bridges	2525 Murworth Dr. Houston, TX 77054	713-363-2326	shelby.bridges@harriscountytexas.gov
State Office of Administrative Hearings/ Shane Linkous	PO Box 13025 Austin, TX 78711	512-936-6624	shane.linkous@soah.texas.gov
Statewide Behavioral Health Coordinating Council (SBHCC)/Dr. Courtney Harvey	Texas Health and Human Services 4601 W. Guadalupe St. Austin, TX 78751	737-247-6948	Courtney.harvey@hhs.texas.gov
Texas A&M Health/Olga Rodriguez	8441 Riverside Pkwy Clinical Building 1 Ste. 3100 Bryan, TX 77807	512-773-8120	olga.rodriguez@tamu.edu
Texas Association for Education of Young Children	PO Box 4997 Austin, TX 78765	512-215-8142	taeyc@texasaeyc.org
Texas Child Mental Health Care Consortium/Dr. David Lakey	The University of Texas System 210 W. 7th St. Austin, TX 78701	512-499-4224	tcmhcc@utsystem.edu
Texas Department of Criminal Justice/Kate Blifford	PO Box 13084 Austin, TX 78711	512-463-8528	kate.blifford@tdcj.texas.gov
Texas Department of Housing & Community Affairs/Michael Lyttle	221 E. 11th St. Austin, TX 78701	512-475-4542	michael.lyttle@tdhca.state.tx.us

Group or Association Name/ Contact Person	Address	Telephone	Email Address
Texas Education Agency/ Hunter Thompson	1701 N. Congress Ste. 2-110 Austin, TX 78701	512-463-9682	hunter.thompson@tea. texas.gov
Texas Hospital Association/ Erika Ramirez	1108 Lavaca Austin, TX 78701	512-465-1599	eramirez@tha.org
Texas Juvenile Justice Department/Rachel Gandy	1801 N. Congress Ave Ste. 13.1400 Austin, TX 78701	512-0490-7130	rachel.gandy@tjjd. texas.gov
Texas Supreme Court Commission on Children and Families/Jamie Bernstein	201 W. 14th St. Rm 104 Austin, TX 78701	512-463-5393	jamie.bernstein@ txcourts.gov
The Kempe Center	13123 16th Ave. Aurora, CO 80045	303-864-5300	kempecenter@ ucdenver.edu

Table 26 Exhibit 17 Interagency, State, and National Associations

## **Liaisons at Other State Agencies**

(with which your agency maintains an ongoing relationship, e.g., the agency's assigned analyst at the Legislative Budget Board or attorney at the Attorney General's office)

<b>Agency Name/ Relationship/ Contact Person</b>	<b>Address</b>	<b>Telephone</b>	<b>Email Address</b>
Office of the Texas Governor/Bryan Shufelt	PO Box 12428 Austin, TX 78711	512-463-0599	bryan.shufelt@gov.texas.gov
Office of the Texas Governor, Public Safety Office, Child Sex Trafficking Team/Janet Kasper	PO Box 12428 Austin, TX 78711	512-422-5711	janet.kasper@gov.texas.gov
Office of the Lieutenant Governor/Andria Franco	PO Box 12068 Austin, TX 78711	512-463-0001	andriafranco@ltgov.texas.gov
Office of the Speaker of the House of Representatives/Madelyn Franks	PO Box 2910 Austin, TX 78768	512-463-1807	madelyn.franks@speaker.texas.gov
Office of the Attorney General/George Lane	PO Box 12548 Austin, TX 78711	512-463-2100	george.lane@oag.texas.gov
Legislative Budget Board/Andrea Nikic	1501 N. Congress Ave. Austin, TX 78701	512-463-1200	andrea.nikic@lbb.texas.gov

Table 27 Exhibit 17 Liaisons at Other State Agencies

## XI. Additional Information

**A. Texas Government Code, Section 325.0075 requires agencies under review to submit a report about their reporting requirements to Sunset with the same due date as the SER. Include a list of each agency-specific report the agency is required by statute to prepare and an evaluation of the need for each report based on whether factors or conditions have changed since the statutory requirement was put in place. Please do not include general reporting requirements applicable to all agencies, reports that have an expiration date, routine notifications or notices, posting requirements, federally mandated reports, or reports required by G.A.A. rider. If the list is longer than one page, please include it as an attachment. See Exhibit 18 Example.**

*Please reference Attachment 39.*

**B. Does the agency's statute use "person-first respectful language" as required by Texas Government Code, Section 325.0123? Please explain and include any statutory provisions that might supersede or create challenges in implementing these changes.**

Section 531.0227 of the Government Code requires the Commissioner to ensure that DFPS uses "the terms and phrases listed as preferred under the person first respectful language initiative in Chapter 392 [of the Government Code] when proposing, adopting, or amending the commission's or agency's rules, reference materials, publications, and electronic media." Section 531.0227 was effective September 1, 2011.

This statutory directive has been implemented at DFPS through the publication and socialization of writing guides used in the processes for developing or revising agency materials. Specific examples include the following.

### **DFPS Writing Style Guide and Brand Guide**

The *DFPS Writing Style Guide*, published in 2019, includes a section on people-first language and includes a crosswalk of commonly misused terms and the required person-first respectful language alternatives. The *DFPS Brand Guide*, also published in 2019, links to the *Writing Style Guide* and contains its own section on required person-first language that directly references HB 1481 and the requirements outlined in the bill. The *Brand Guide* states, "all publications, rules, reference materials, and electronic media must use person-first preferred terms and phrases." These guides are intended to be used together and provide guidance intended to promote consistency in the materials created for external and internal audiences across all DFPS communication platforms.

### **Communications to Staff**

The *DFPS Writing Style Guide* and *Brand Guide* are included in available training for new employees (Communicating in a High Stakes Environment). The guides are also included in the Office of Communications Handbook (5000 Publication Services; 6000 Editing Process) published on the DFPS intranet site, SafetyNet, and in the internal SafetyNet Web Content Guide that provides guidance on drafting content for electronic distribution via a public website or intranet. The *Writing Style Guide* and



*Brand Guide* are available via a “Resources” side bar available on the Communications section of the intranet. The Web Content Guide is available on the “Writing for the Web” resource page under the Office of Communications on the DFPS intranet.

Additionally, the *Writing Style Guide* has periodically been promoted via the agency-wide monthly staff newsletter, DFPS Delivers, and via the HR Matters monthly newsletter for supervisors.

## Communications Standard Operating Procedures

DFPS has applied person-first language in the editing process of new websites and agency publications since the implementation of HB 1481. More recently, the DFPS Office of Communications has operationalized the *DFPS Writing Style Guide* and the *DFPS Brand Guide*, which include requirements for person-first language in standard operating procedures that govern website content, new policies, policy revisions, video content, graphic design, forms, and documents posted to both the public website and the DFPS intranet. DFPS policy editors apply person-first language when editing new or revised policy for publication as part of the policy publication process.

Furthermore, prior to the spring of 2025, the DFPS public website contained historical documents written and published before the implementation of HB 1481. In January of 2025, the Office of Communications began a project to implement website best practices whereby reports older than five years and annual plans older than two years would no longer be hosted on the public website, reducing the volume of older documents created prior to the implementation of HB 1481.

Additionally, the DFPS public website will be subject to HB 5195 (89th Legislature), which will require state agency websites to identify areas for improvement in user accessibility, navigation, and digital efficiency. When implementing HB 5195, the DFPS public website will undergo an assessment, and a modernization plan will be developed that will include content audits that will identify gaps in the use of person-first respectful language.

DFPS has not encountered any statutory provisions that might supersede or create challenges for using person-first respectful language.

### C. Please describe how your agency receives and investigates complaints about the agency and its operations.

The DFPS Office of Consumer Affairs accepts and handles complaints against DFPS programs and single source continuum contract CBC providers, and provides contact information via multiple platforms, including the agency website, the Internet, agency handbooks, and through the offices of elected officials. The deputy commissioner of operations oversees the Office of Consumer Affairs, which operates independently from agency programs to handle complaints in a neutral manner. The complaint process includes information provided by the complainant, feedback from the agency program, and a review of agency policy, procedure, and statutory law.

*Complete the following table detailing information on complaints received about your agency and its operations. Do not include complaints received about people or entities the agency regulates, if applicable.*

**Texas Department of Family and Protective Services**  
**Exhibit 19: Complaints Against the Agency – Fiscal Years 2020-24**

	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Number of complaints received	4,283	4,475	4,404	4,657	4,193
Number of complaints resolved	4,311	4,466	4,503	4,627	4,270
Number of complaints dropped / found to be without merit	2,659	2,664	2,612	3,351	3,336
Number of complaints pending from prior years	148	101	60	30	60
Average time period for resolution of a complaint	24 business days	24 business days	25 business days	22 business days	23 business days

Table 29 Exhibit 19 Complaints Against the Agency

**D. Fill in the following tables detailing your agency's historically underutilized business (HUB) purchases. Sunset is required by law to review and report this information to the Legislature. If your agency has set specific goals and not statewide goals, please provide the goal percentages and describe the method used to determine those goals. (TAC Title 34, Part 1, Chapter 20, Rule 20.284)**

DFPS uses statewide goals for HUB purchases. Note, DFPS has limited or no expenditures in some of these categories.

**Texas Department of Family and Protective Services**  
**Exhibit 20: Purchases from HUBs**

**Heavy Construction**

Year	Total \$ Spent	Total HUB \$ Spent	Percentage of Total Spent on HUB	Agency Specific Goal*	Statewide Goal
2022	0	0	0%	0%	11.2%
2023	0	0	0%	11.2%	11.2%

Year	Total \$ Spent	Total HUB \$ Spent	Percentage of Total Spent on HUB	Agency Specific Goal*	Statewide Goal
2024	0	0	0%	11.2%	11.2%

Table 30 Exhibit 20 HUB Purchases for Heavy Construction

### Building Construction

Year	Total \$ Spent	Total HUB \$ Spent	Percentage of Total Spent on HUB	Agency Specific Goal	Statewide Goal
2022	0	0	0%	0%	21.1%
2023	0	0	0%	21.1%	21.1%
2024	0	0	0%	21.1%	21.1%

Table 31 Exhibit 20 HUB Purchases for Building Construction

### Special Trade

Year	Total \$ Spent	Total HUB \$ Spent	Percentage of Total Spent on HUB	Agency Specific Goal	Statewide Goal
2022	174,977	1,345	0.77%	32.9%	32.9%
2023	57,193	174	0.30%	32.9%	32.9%
2024	206,466	550	0.27%	32.9%	32.9%

Table 32 Exhibit 20 HUB Purchases for Special Trade

### Professional Services

Year	Total \$ Spent	Total HUB \$ Spent	Percentage of Total Spent on HUB	Agency Specific Goal	Statewide Goal
2022	3,275,182	0	0%	23.7%	23.7%

2023	2,360,737	0	0%	23.7%	23.7%
2024	3,943,007	0	0%	23.7%	23.7%

Table 33 Exhibit 20 HUB Purchases for Professional Services

### Other Services

Year	Total \$ Spent	Total HUB \$ Spent	Percentage of Total Spent on HUB	Agency Specific Goal	Statewide Goal
2022	90,716,378	19,441,164	21.43%	26.0%	26.0%
2023	108,361,274	28,509,363	26.31%	26.0%	26.0%
2024	122,949,688	35,080,985	28.53%	26.0%	26.0%

Table 34 Exhibit 20 HUB Purchases for Other Services

### Commodities

Year	Total \$ Spent	Total HUB \$ Spent	Percentage of Total Spent on HUB	Agency Specific Goal	Statewide Goal
2022	17,607,992	7,011,234	39.82%	21.1%	21.1%
2023	8,780,594	2,614,591	29.78%	21.1%	21.1%
2024	16,632,441	8,044,822	48.37%	21.1%	21.1%

Table 35 Exhibit 20 HUB Purchases for Commodities

### F. Does your agency have a HUB policy? How does your agency address performance shortfalls related to the policy? (Texas Government Code, Section 2161.003; TAC Title 34, Part 1, Rule 20.286c)

Yes, in compliance with the statute, DFPS has a policy on the use of HUBs. DFPS has adopted the Texas Comptroller of Public Accounts (CPA) HUB rules by reference. The policy mandates that DFPS shall make good faith efforts (GFEs) to use HUBs for special trade, professional services, other services, and commodities.

- The goal of this GFE is to actively involve HUBs in the procurement process and ensure they receive a fair share of state business. Special Trade and Professional Services contained limited opportunities for HUB use due to the low expenditures in these categories during FY 2022 and FY 2023.
- Categories of Heavy Construction and Building Construction are not applicable to agency operations. The agency does not have strategies or programs related to construction.

To address performance shortfalls:

- Most DFPS contracts are highly specialized. DFPS monitors its contracts monthly to determine the level of HUB participation. DFPS complies with the GFE efforts in accordance with Government Code, Chapter 2161 and the Administrative Code, Title 34. DFPS continually participates in vendor outreach events, including informational and training forums, and advising vendors, minority owned/women trade organizations, and development centers of agency procurement opportunities. The agency reviews solicitations valued at \$100,000 or more to determine if there are probable subcontracting opportunities and invite applicable, active HUB vendors to pre-proposal conferences to encourage prime and subcontractor relationships. DFPS provides both internal and external training on the HUB Program, which include training on the HUB Subcontracting Plan that is required in accordance with statute when an agency considers entering into a contract with an expected value of \$100,000 or more and subcontracting opportunities are probable.
- The agency encourages qualified vendors to become Texas HUB certified and to register on the Centralized Master Bidders List located at the CPA website. This list is used by all state purchasers for their bidding when they plan to buy goods and services that cost more than \$5,000.
- We encourage the use of the Electronic State Business Daily (ESBD) also located at the CPA website. When state entities have contract opportunities over \$25,000, they must advertise on the ESBD. This online search engine allows vendors to find bid opportunities by type, entity, vendor award, or National Institute of Governmental Purchasing codes.
- The DFPS Strategic Plan sets specific goals, objectives, and strategies to improve HUB vendor utilization and compliance. Goals include increasing the utilization of HUB-certified vendors through internal communication of HUB contract management policies and providing technical assistance, and by promoting the benefits of the HUB Program through external outreach.

**G. For agencies with contracts valued at \$100,000 or more: Does your agency follow a HUB subcontracting plan to solicit bids, proposals, offers, or other applicable expressions of interest for subcontracting opportunities available for contracts of \$100,000 or more? (Texas Government Code, Section 2161.252; TAC Title 34, Part 1, Rule 20.285)**

In accordance with statute, DFPS has an established process for the HUB Administration to review solicitations with an expected value of \$100,000 or more for probable subcontracting opportunities within the contract before soliciting bids, proposals, offers, or other applicable expressions of interest at the CPA required ESBD.

If subcontracting opportunities are probable within the solicitation, the DFPS invitation for bids or other purchase solicitation documents state that probability and require a HUB Subcontracting Plan (HSP).

A pre-proposal meeting is scheduled to explain the process of bid submission to include the DFPS HUB Administration presenting on the HSP requirements, identified procurement opportunity and goal, compliance, answer questions if applicable, and offer an HSP Courtesy Review within identified dates. DFPS utilizes the HUB directory located at the CPA website for soliciting the inclusion of Texas certified HUBs, which procure in the identified probable subcontracting opportunities within the bid solicitation.

All bid respondents are required to submit an HSP with the bid proposal.

#### **H. For agencies with biennial appropriations exceeding \$10 million, answer the following HUB questions:**

*Do you have a HUB coordinator? If yes, provide name and contact information. (Texas Government Code, Section 2161.062; TAC Title 34, Part 1, Rule 20.296)*

Yes, Sherice Williams.

Email: [sherice.williams47@dfps.texas.gov](mailto:sherice.williams47@dfps.texas.gov)

Phone: (737) 465-1628

*Has your agency designed a program of HUB forums in which businesses are invited to deliver presentations that demonstrate their capability to do business with your agency? (Texas Government Code, Section 2161.066; TAC Title 34, Part 1, Rule 20.297)*

Yes. DFPS and the HHS agencies conduct a joint external HUB forum on a yearly basis. HUB vendors are invited to attend and give a presentation on their products, staff, and core capabilities. Both DFPS and HHS discuss potential contracting opportunities with the vendors and present on both the statewide HUB Program, the HSP, and completing the Progress Assessment Report.

*Has your agency developed a mentor-protégé program to foster long-term relationships between prime contractors and HUBs and to increase the ability of HUBs to contract with the state or to receive subcontracts under a state contract? (Texas Government Code, Section 2161.065; TAC Title 34, Part 1, Rule 20.298)*

Currently, DFPS does not have any contracting mentor-protégé agreements, as they have all expired. DFPS has sponsored three mentor-protégé agreements in the past and continues to seek potential mentors registered on the Centralized Master Bidders List located at the CPA website and Texas certified HUBs as protégés to enter agreements with upcoming biennial projects, valued at \$100,000 or more containing probable subcontracting opportunities.

I. Fill in the tables below detailing your agency's Equal Employment Opportunity (EEO) statistics. Sunset is required by law to review and report this information to the Legislature. Please use only the categories provided below. For example, some agencies use the classification "paraprofessionals," which is not tracked by the state civilian workforce. Please reclassify all employees within the appropriate categories below.

**Texas Department of Family and Protective Services**  
**Exhibit 21: Equal Employment Opportunity Statistics**

**1. Officials / Administration**

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	339	21.0%	9.1%	22.0%	26.5%	75.0%	41.3%
2023	350	19.0%	9.1%	23.0%	26.5%	73.0%	41.3%
2024	393	17.0%	9.1%	23.0%	26.5%	72.0%	41.3%

Table 36 Exhibit 21 EEO Statistics for Officials/Administration

**2. Professional**

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	2,082	22.0%	11.7%	29.0%	23.3%	69.0%	53.8%
2023	2,179	23.0%	11.7%	29.0%	23.3%	72.0%	53.8%
2024	2,364	23.0%	11.7%	29.0%	23.3%	72.0%	53.8%

Table 37 Exhibit 21 EEO Statistics for Professionals

### 3. Technical

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	23	22.0%	15.3%	26.0%	36.7%	39.0%	62.8%
2023	17	29.0%	15.3%	29.0%	36.7%	53.0%	62.8%
2024	21	29.0%	15.3%	38.0%	36.7%	48.0%	62.8%

Table 38 Exhibit 21 EEO Statistics for Technical

### 4. Administrative Support

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	951	27.0%	15.2%	39.0%	39.3%	94.0%	73.7%
2023	934	24.0%	15.2%	40.0%	39.3%	93.0%	73.7%
2024	909	25.0%	15.2%	41.0%	39.3%	94.0%	73.7%

Table 39 Exhibit 21 EEO Statistics for Administrative Support

### 5. Service / Maintenance

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	666	31.0%	12.6%	37.0%	55.10%	89.0%	51.7%
2023	658	32.0%	12.6%	35.0%	55.1%	90.0%	51.7%
2024	684	34.0%	12.6%	38.0%	55.1%	90.0%	51.7%

Table 40 Exhibit 21 EEO Statistics for Service and Maintenance



## 6. Skilled Craft

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	1	0%	10.8%	0%	53.0%	100%	12.4%
2023	1	0%	10.8%	0%	53.0%	100%	12.4%
2024	1	100%	10.8%	0%	53.0%	100%	12.4%

Table 41 Exhibit 21 EEO Statistics for Skilled Craft

## 7. Protective Service (if applicable)

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	8,047	34.0%	24.0%	30.0%	33.6%	86.0%	25.4%
2023	7,715	35.0%	24.0%	31.0%	33.6%	86.0%	25.4%
2024	7,318	34.0%	24.0%	33.0%	33.6%	86.0%	25.4%

Table 42 Exhibit 21 EEO Statistics for Protective Service

### J. Does your agency have an equal employment opportunity policy? If yes, please provide an attachment. How does your agency address performance shortfalls related to the policy?

Yes. The DFPS HR Manual contains the employment (EEO) policy for the agency in Chapter 16. The policy outlines the agency's commitment to providing a workplace free from discrimination and to ensuring equal opportunity in all aspects of employment.

*Please reference Attachment 40.*

Performance shortfalls related to this policy – such as failure to uphold EEO principles – are addressed through performance management processes, and when necessary, disciplinary actions up to and including termination.

## XII. Agency Comments

*Provide any additional information needed to gain a preliminary understanding of your agency.*

In addition to the information provided throughout this report, DFPS is actively engaged in several major agencywide initiatives that reflect a deep commitment to long-term system improvement. Each initiative is designed to address identified structural challenges, modernize operations, and improve outcomes for the children, families, and vulnerable adults we serve. The following summary offers a high-level overview of key strategic initiatives currently underway.

### **Texas Child-Centered Care**

Under the direction of the Legislature, DFPS developed a new foster care model called Texas Child-Centered Care (T3C). Implemented in January 2025, T3C introduces a restructured rate methodology that enables providers to specialize in serving distinct populations. This specialization is intended to ensure children and youth receive quality, individualized services that align with their needs. Full implementation of T3C is targeted for completion by Fiscal Year 2028.

The Legislature funded the rate structure for T3C with the expectation that utilization would be monitored and adjusted as needed in future budget cycles. DFPS is currently credentialing providers under the new model, and implementation efforts are being continuously evaluated and refined in partnership with HHSC and other stakeholders. Building the right kind of capacity is essential to T3C's success, and equipping providers to specialize in varying levels of care is a key part of that strategy.

More information is available at [www.dfps.texas.gov/Texas\\_Child\\_Centered\\_Care](http://www.dfps.texas.gov/Texas_Child_Centered_Care).

### **Business Process Redesign and New Case Management System**

DFPS is undergoing a comprehensive redesign of its casework and quality assurance processes in preparation for the implementation of a modern enterprise case management system to replace the aging IMPACT platform. Through the Business Process Redesign (BPR) efforts, DFPS is mapping current processes, identifying inefficiencies, and designing improved workflows that will reduce administrative burden and better support caseworkers. These improvements will directly inform the design and configuration of the new system, ensuring it meets the needs of frontline staff, children, families, and vulnerable adults.

BPR is also designed to take into consideration what these processes look like and how the agency will operate under a fully implemented CBC model. The efficiencies realized in the legacy and CBC catchment areas will improve casework practices throughout the state.

DFPS submitted and received approval for an exceptional item request during the 89th (R) Legislative Session to build a new case management system and supporting technologies. This new system will replace the current IMPACT system used by DFPS staff, the SSCCs, contracted providers, as well as other partner agencies to support documentation and data needs by all DFPS programs.

DFPS submitted a request to the Administration for Children and Families, Children's Bureau, to adopt a Comprehensive Child Welfare Information System (CCWIS). The request was recently approved, which will allow DFPS to receive federal reimbursement for a portion of system costs.

This new system is being designed to serve both DFPS and the SSCCs. The implementation of a new case management system using modern technologies will allow DFPS and SSCC caseworkers to engage more meaningfully with clients, spend less time on data entry and redundant tasks, and improve job satisfaction and retention. This will improve data collection and dashboards, equipping supervisors with tools to prioritize tasks and assess staff performance, and agency leadership with more reliable data needed to assess agency performance and analyze outcomes. While planning for the new system is already underway, complete implementation will occur over the next several years and is contingent on further appropriations from the Legislature.

Together, these efforts lay the groundwork for a more efficient, user-centered system that will improve case practice and outcomes for children and families.

### **Future State Initiative**

The DFPS Future State Initiative is a multi-phase effort to align DFPS state and regional structures with the long-term oversight and delivery of permanency services through CBC, while maintaining the agency's core child and family responsibilities for investigations, Family-Based Safety Services, and system oversight. This initiative is specific to the Child and Family Services functions of the agency and the administrative infrastructure that supports them.

Launched in the fall of 2023, the initiative began with research and internal analysis to inform the development of a future regional structure that reflects emerging service delivery needs. DFPS is currently defining the organizational structure and identifying the operational roles and functions necessary to provide oversight and support for child and family programs. Future phases will focus on implementation planning.

The Future State Initiative represents a foundational step in modernizing how DFPS organizes its work and supports child welfare service delivery in Texas.

### **Due Process Review**

DFPS is taking significant steps to strengthen due process protections for individuals impacted by abuse and neglect findings. These efforts aim to ensure that decisions with the ability to impact future employment and volunteer opportunities are made fairly, consistently, and in alignment with legal standards, while preserving the agency's ability to act swiftly to protect children.

With support from the 89th Legislature, DFPS is implementing a formal secondary review process for Reason to Believe (RTB) dispositions in CPI and CCI cases. This additional layer of review will help ensure that investigative findings are well supported before individuals are listed on the Central Registry, improving both accuracy and consistency.

In addition, DFPS is streamlining legal representation in administrative hearings before the State Office of Administrative Hearings. DFPS is also reviewing internal policies and records retention schedules to ensure policies for maintaining case records are appropriate. These efforts reflect DFPS's broader commitment to strengthening the integrity, transparency, and fairness of its decision-making processes.

## **Search Engine for Multi-Agency Reportable Conduct (SEMARC)**

DFPS is actively collaborating with the Department of Information Resources (DIR), the Texas Juvenile Justice Department (TJJD), the Texas Education Agency (TEA), and HHSC to implement the SEMARC as directed by SB 1849 (88R). This multi-agency initiative is designed to strengthen protections for children, youth, and vulnerable individuals by allowing state agencies to conduct comprehensive background checks for histories of abuse, neglect, exploitation, or other reportable misconduct. SEMARC will serve as a centralized platform that links the investigative data systems of each agency, including DFPS's case management system (IMPACT), HHSC's Employee Misconduct Registry, TJJD's registry of individuals ineligible for hire, and TEA's Do Not Hire Registry.

DFPS will provide search results for individuals who meet the definition of reportable conduct, which will be outlined in rule. This includes situations in which the individual was found to have committed child abuse or neglect and either waived their right to a State Office of Administrative Hearings (SOAH) appeal or had the finding upheld through a SOAH hearing. The types of DFPS investigations included in SEMARC search results will encompass investigations in licensed daycare and residential childcare settings, school-based child abuse or neglect investigations, investigations involving DFPS or SSCC employees, and investigations of contracted providers when the child victim is in DFPS conservatorship.

SEMARC represents a critical step toward increasing cross-agency transparency, improving hiring safeguards, and ensuring that individuals with a history of substantiated abuse or neglect are appropriately flagged across Texas's child- and youth-serving systems. Implementation is underway and will continue to be informed by interagency coordination and rule development.

## List of Supplemental Attachments

The following list of supplemental attachments is provided for review by the Sunset Advisory Commission. For security purposes, access to the supplemental attachments found in this list will be provided separately.

- Attachment 1: If the agency publishes a version of its enabling statute and/or rules, please include an electronic copy.
- Attachment 2: Annual Reports published by the agency from fiscal years 2020-24.
- Attachment 3: Biennial Operating Plans from fiscal years 2020-24.
- Attachment 4: Internal or external newsletters published by the agency in fiscal year 2024.
- Attachment 5: List of studies the agency is required to do by legislation or riders.
- Attachment 6: List of legislative or interagency studies relative to the agency that are being performed during the current interim.
- Attachment 7: List of studies from other states, the federal government, or national groups/associations that relate to or affect the agency or agencies with similar duties or functions.
- Attachment 8: If applicable, a list describing the type of personal information of license holders the agency publishes on its website.
- Attachment 9: Biographical information (e.g., education, employment, affiliations, and honors) or resumes of all policymaking body members.
- Attachment 10: Board training manuals and copies of any policies related to the board's duties and responsibilities.
- Attachment 11: Employee manuals and copies of any policies related to staff's duties and responsibilities.
- Attachment 12: Copies of any other significant policies adopted by the board.
- Attachment 13: Agency's legislative Appropriations Request for fiscal years 2026-27.
- Attachment 14: Annual financial reports from fiscal years 2020-24.
- Attachment 15: Operating budgets from fiscal years 2020-24.
- Attachment 16: List all contracts awarded in fiscal years 2020-24, with details provided in the attached template.
- Attachment 17: List of all grants awarded in fiscal years 2020-24.
- Attachment 18: If applicable, a map that illustrates the regional boundaries, headquarters location, and field or regional office locations.
- Attachment 19: Any flowcharts showing the operations of the agency such as complaint resolution processes, disciplinary or enforcement procedures, etc.

- Attachment 20: If applicable, a list and brief explanation of all active memoranda of understanding and information-sharing agreements the agency has entered into. Indicate whether these are required by statute, rule, or something else.
- Attachment 21: Information on the agency's "mission critical" data resources (per Section II, Exhibit 3).
- Attachment 22: Quarterly performance reports completed by the agency in fiscal years 2020-24.
- Attachment 23: Performance reports presented to the agency's board of directors in fiscal years 2020-24, if different from the reports in Attachment 22.
- Attachment 24: Performance reports submitted to the Legislative Budget Board from fiscal years 2020-24.
- Attachment 25: Any recent studies on the agency or any of its functions conducted by outside management consultants or academic institutions.
- Attachment 26: Agency's current internal audit plan.
- Attachment 27: Agency's current strategic plan.
- Attachment 28: List of internal audit reports from fiscal years 2020-24 completed by or in progress at the agency.
- Attachment 29: List of State Auditor reports from fiscal years 2020-24 that relate to the agency or any of its functions.
- Attachment 30: Any customer service surveys conducted by or for your agency in fiscal years 2020-24.
- Attachment 31: Any reports created under Texas Government Code, Section 2110.007 regarding the usefulness and costs of the agency's advisory committees.
- Attachment 32: A description of the agency's review of existing rules as required by Texas Government Code, Section 2001.039, and for the last eight years, a brief description of the rules reviewed by date and the result the review.
- Attachment 33: SWI Flowchart
- Attachment 34: SWI Screening Flowchart
- Attachment 35: Public Assistance Cost Allocation Plan (PACAP)
- Attachment 36: CPI Flowchart
- Attachment 37: CPS Legal Process Timeline
- Attachment 38: APS Flowchart
- Attachment 39: Evaluation of Agency Reporting Requirements
- Attachment 40: DFPS Human Resources Manual