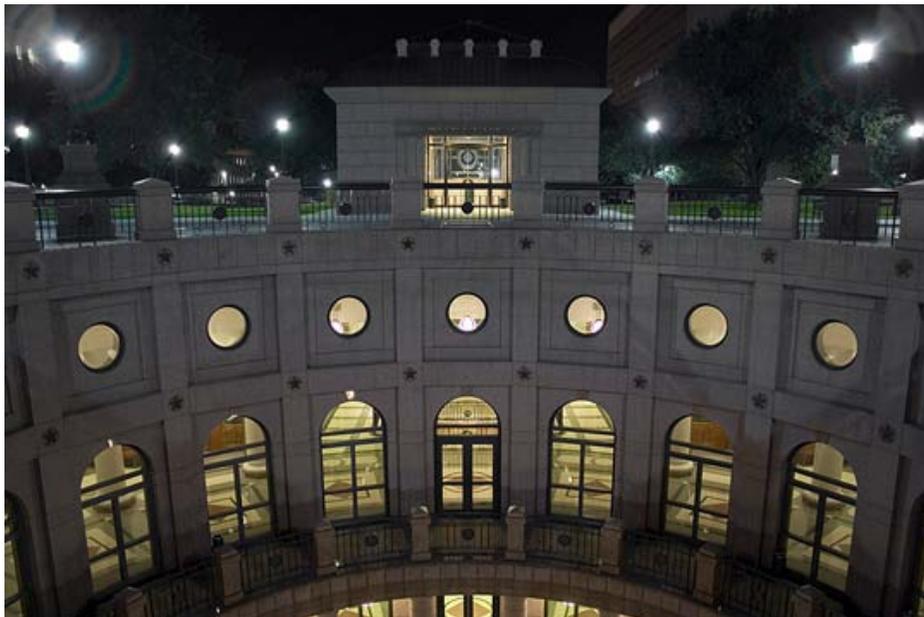


The 2012-2013 CPS Budget and Its Effect on Services to Families



3/06/2012

Collaborative Group Addresses Budget Shortfall's Effect on CPS Services



In November 2011, with the help of Casey Family Programs and the Department of Family and Protective Services (DFPS), the Permanent Judicial Commission for Children, Youth and Families (Children's Commission) co-hosted a round table discussion on the FY 2012-2013 Child Protective Services (CPS) budget and its effect on the ability of CPS to provide services to families. The round table was facilitated by the Center for Public Policy Priorities (CPPP). The discussion brought together various stakeholders, including judges from across the state, the DFPS Commissioner, Medical Director, and Assistant Commissioner for CPS, as well as other DFPS executives, the Director of the Center for the Elimination of Disproportionality and Disparities, substance abuse, fatherhood, and behavioral health professionals, parent advocates, parents and relative caregivers who were involved in CPS cases, and legislative staff.

Specifically, participants discussed the impact of FY 2012-2013 funding limitations, strategies for best utilizing the funding, and available resources to achieve optimal results of safe and timely permanency for children of families involved in the child welfare system.

According to a recent report published by CPPP, Texas draws on a variety of different funding sources to pay for services that address child abuse and neglect. DFPS relies slightly more on federal funds for its child welfare services than on state and local funding, which combined account for less than half of its budget for services. State and local funding come primarily from general revenue generated through sales and other consumption taxes and property taxes.¹

Despite the ever increasing child population in Texas, the FY 2012-2013 budget fails to account for this growth. Accordingly, in the upcoming years, CPS will be required to do more with less. Given these tough challenges, participants were asked to review service provision aspects of a CPS case to identify areas for greater efficiency and to consider strategies for ensuring the safety of children and families with available resources.

¹ http://cppp.org/files/4/2012_01_CP_BudgetCPS.pdf pp 1, 5

The 2012-2013 Child Protective Services Budget and Its Effect on Services to Families

I. Assessment of Families

A. DFPS Assessments

First, the round table addressed responsibilities and methods of evaluating the needs of families involved with CPS. DFPS representatives explained the assessment process. In addition to the investigation of reported allegation(s) of child abuse and neglect, CPS investigators also assess the safety and risk factors of the family. The safety assessment considers present and immediate dangers of serious harm, while the risk assessment considers the likelihood of abuse or neglect in the foreseeable future after the investigation is closed.² If services are offered based on the results of the assessment, CPS develops a service plan to address and ameliorate the identified issues. CPS may use Family Group Decision-Making (FGDM), which is a collaborative approach to service planning that involves the child or youth and his/her family in developing the service plan.³ When FGDM is used, the department representative facilitating the meeting will complete the family service plan.⁴ If FGC is not used, the CPS conservatorship caseworker will create the family service plan.⁵ The caseworker makes an assessment based on his or her interview with the family and other individuals with knowledge of the family's situation. Specifically, caseworkers use the interviews to obtain insight into the social history of the family, threats in the home, and evidence of protective capacities. Once the caseworker identifies the family's issues, he or she has a conversation with the family regarding services in the community to evaluate options (i.e. community resources versus services purchased by CPS). The caseworker also discusses scheduling and prioritizing services.

Participants commented that the assessment process might be improved by ensuring that caseworkers drill down to the source of the issues requiring CPS involvement. For example, a parent who consumes alcohol or uses drugs may or may not be a safety threat or pose a significant risk to the child, making it important to identify the cause of the harm to the children. Caseworkers must ask whether a parent's use of alcohol or drugs is endangering their child?" On the other hand, where a substance abuse problem is the underlying cause of the abuse or neglect, precious time and effort may be wasted on services and therapy that do not address the underlying addiction, which by necessity should be addressed first.

² DFPS CPS Handbook §§ [2234 \(Assessing Safety\)](#) & [2235 \(Assessing Risk\)](#).

³ DFPS CPS Handbook §§ 1121 (http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_1120.jsp#CPS_1121)

⁴ See [FBSS Family Assessment Form 2627](#)

⁵ See Sample Family Service Plan in Appendix B of this report.

The participants discussed whether DFPS assessments may be too cursory to identify the needs of the family; that some CPS caseworkers may not develop a plan specifically tailored for the family and instead send family members to a broad array of services, including those that may not be needed; and that other caseworkers may be limited by which services are available in the region. As one participant remarked, some caseworkers will “throw everything and the kitchen sink into a service plan” thinking it will make the child safer, but that approach may actually be harmful to the success of the case because it may distract from addressing the real issue. The over-assignment of services can be daunting to a parent; frequently, parents face transportation issues getting to service appointments and are also trying to balance maintaining employment. That type of situation may cause a parent to lose hope and give up. Furthermore, in light of the budget shortfall, it is especially crucial for the caseworker to have a thorough understanding of the family’s needs and design a service plan that effectively and efficiently addresses those issues.

1. Assessments May be Duplicative

Round table participants discussed the various types of assessments conducted on a family by CPS, purchased service providers, and community providers. For instance, a CPS case may involve separate assessments by an investigation caseworker, a different caseworker for the provision of services and/or conservatorship, a family violence intake worker, a substance abuse intake worker, and a professional providing a psycho-social or other analysis. Additional assessments may also be made if a psychological or psychiatric assessment appears necessary. The different assessments may include:

- The *family assessment* which is conducted by the caseworker who tries to cast a wide net to identify the high points to call the providers attention to. Where there is turnover resulting in a change of caseworkers, the information shared may be impacted. Also, the family is sent to various other professionals for other assessments.
- The *psycho-social assessment* which is conducted by a professional (M.S.W., Ph.D., M.D., or L.M.C.) and involves a review of the individual’s history, including psychiatric history and substance abuse. As compared with the family assessment, the psycho-social assessment targets the causation of certain issues.
- A *psychological evaluation* which is more structured and provides more detailed information regarding I.Q. and learning disabilities. The psychological evaluation is more expensive than a psycho-social assessment, and might not be as helpful because of the things it measures.
- A *psychiatric evaluation* may be ordered if mental health issues present themselves in one of the other evaluations. The psychiatric evaluation focuses on medical background and the need for psychiatric medication. The psychiatric evaluation may involve a physical exam and other testing.
- Referrals for *substance abuse assessments* or *domestic violence assessments* may be made if those issues appear to be present in a certain case.

The various professionals and clinics conducting assessments do not always have a complete history of the family, which may cause them to miss important issues. Also, the information provided may contain errors that are passed on from one provider to the next without allowing the parent an opportunity to refute or explain the information. One round table participant

commented that sometimes the conclusions in caseworkers' reports will contain assumptions, perceptions, or opinions which are not fully supported by the facts; these conclusions are passed on in written reports to other providers and when parents try to dispute these statements, they are viewed as uncooperative and unwilling to participate in services.

The success of the various assessments depends on having a thorough background on the family and the case. One participant commented that the best psycho-social evaluation he ever conducted was when the caseworker was present because the caseworker had an understanding of the family. However, a DFPS representative commented that the idea was not realistic because the workload of caseworkers could not accommodate them being present at each psycho-social evaluation. DFPS representatives indicated that DFPS policy requires caseworkers to provide a written history about the family to those conducting the assessments, but some caseworkers will provide more information than others. Currently, there is no uniform DFPS policy for providing information to third-party professionals and clinics. According to DFPS, each DFPS region is left to develop their own procedure or form for recording and conveying information to contractors. Additionally, some providers request specific information in a unique format. Thus, the procedure for documenting information, and its quality, varies by region. Round table participants agreed that additional investigation was necessary into how information is being provided to assessment providers and it may be useful to get provider input into what information would lead to better assessments. Additionally, participants discussed whether it would be useful or feasible to combine all of these assessments and have them conducted by one individual with full information of the case.

Duplicative assessments, conducted by a substance abuse clinic, domestic violence shelter, and mental health provider, for example, might result in different conclusions or results, when likely these problems are interrelated. It might be more efficient to reduce the number of assessments and reform the process to increase the reliability of information collection and meticulousness of the assessment.

Professional assessments are often sought because it can be difficult to figure out the family's underlying problem, especially in cases of neglect or when the caseworker is inexperienced. However, according to DFPS, in FY 2010, it spent \$8.1 million (amounting to 22 percent of total purchased services spending) on purchased psychological evaluations.⁶ It might be advisable to assess whether the amount spent on these evaluations could be reduced so that more money could be spent on counseling and other services.

2. Reliance on Self Reporting

Many psycho-social evaluators and substance abuse assessments rely on self-reporting from court-ordered participants, and some round table participants commented that this might not be effective in some CPS cases. Some assessments and services are designed for persons who self-refer, while others are designed for mandatory court referrals. For instance, Department of State Health Services (DSHS) assessments are designed for people who are seeking help, rather than people mandated to submit to treatment. The success of an assessment depends on the quality of information, which in turn relies largely on self reporting and the willingness of the individual to speak openly about his or her problems. Because some parents are unwilling to disclose

⁶ Appendix A: DFPS FY 2010 Expenditures by Category and Services

information, key issues may be missed. Thus a provider's policies for dealing with court-ordered participants are significant to the quality of assessment and provision of services. It may be necessary to identify distinctions between the approaches used by various assessment centers and be cognizant of these practices when making referrals.

There may also be some hesitancy from parents to reveal information that could be self-incriminating and impact a possible criminal case that may be related to the CPS case. One way to address this issue is to ensure that parents are provided quality legal representation at the beginning of the case to help guide them through the process. Parents who were formerly involved in the CPS system may also be excellent support systems and advisors for parents. There was support for the opinion that Texas should make efforts to increase the availability of parent collaboration groups or other support groups across the state. Additionally, if the caseworker is aware that the parent may be hesitant to disclose information, the caseworker must adequately communicate sufficient background information to the provider.

3. Working with Community Service Providers

With budget shortfalls, there is an increasing push to utilize community resources that are available at no cost. Unlike contracted providers, community providers do not have contracts with DFPS detailing the types of assessments and services that will be provided. Some round table participants commented that some caseworkers might be more comfortable using contracted providers (i.e. purchased services) rather than using free community providers because community centers might not always provide the services in the way that DFPS needs them.

B. Recommendations

- 1. Consider forming a workgroup to examine DFPS assessment tools to determine whether they provide a structured, methodical decision-making process that combines assessments where possible, avoids duplication of efforts, provides for a candid and thorough inquiry into a family's history, and will help eliminate the purchase of services that are not needed but may simply be what is available at the time or in the community.**
- 2. Provide caseworkers with clear guidelines regarding when and what types of additional assessments/evaluations are appropriate with specific emphasis on how to judge when a psycho-social evaluation is appropriate and sufficient.**
- 3. Train judges on procedures for making safety assessments and ensure that the court considers these issues when deciding whether a child should be removed and/or remain in substitute care.**

II. Services to Families

A. Service Plans

After CPS assesses safety, the caseworker will develop a safety plan to ensure the child's immediate safety and a case plan for improving the family situation so that the child can return home. The case plan is also called the Service Plan, and it serves a distinct purpose that is

different from the Safety Plan. While the Safety Plan addresses the child's immediate safety, the Service Plan is intended to serve as a roadmap for the family to ameliorate the situation that brought the family to CPS's attention in the first place. In order to properly complete the Service Plan, the caseworker must have a thorough understanding of the services available that will help address the needs of the family. The services need to be accessible and must be individualized.⁷ Developing and executing the Service Plan requires decision-making, coordination and the actual provision of services.

1. Developing the Service Plan

Although not discussed in detail at the round table, participants thought DFPS should consider whether the service plan could be developed in a way that allows the goals to flow more logically from the identified safety threats and parental protective capacities. This could be done in conjunction with its newly adopted Enhanced Family-Based Safety Decision-Making model. The Enhanced Family-Based Safety Decision-Making model could also facilitate the court's review of the reasonableness and appropriateness of a plan, and assist with the measurement of progress towards the goals.

The participants discussed whether, in practice, case plans tend to contain a list of services that the parent must attend or complete, rather than stating goals for improving identified safety issues. It is common practice for the service plan to list services and direct the parent to "follow all treatment recommendations," but this does not give courts and others a tool to measure progress. Effective September 1, 2011, CPS is required to develop the original service plan and its amendments jointly with the parents and to discuss each term and condition of the plan with the family.⁸ More recently, CPS adopted a new, standardized court report that should help assess the family's progress more accurately.

Some participants commented that CPS has historically used form service plans that are one-size-fits-all. Participants agreed this approach is not an effective means to creatively address the unique situations of each family.

2. Problems Accessing Services

Some services required by the service plan must be initiated by the parent. Sometimes the necessary referrals are not made and information about the identity of and how to contact the provider is not adequately communicated to the parent to properly schedule the service. Some parents reported going to a particular provider to complete the required assessment or treatment, only to be turned away because the referral was not completed by the caseworker, often discouraging a parent who is already overwhelmed by the CPS system. The group discussed the tension between making a tailored plan and locating available services to meet the plan. Court ordering of services that are not available can be problematic. Where referrals are not made or services are unavailable, parents may fail to complete the service plan. This is important because effective September 1, 2011, the court must incorporate the

⁷ Child and Family Services Review Statewide Assessment Tool: Service Array and Resource Development, http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/statewidefour.htm#Toc140565135

⁸ Tex. Fam. Code Ann. §§ 263.103; 263.104

service plan into its order.⁹ Appellate courts have interpreted Texas Family code §161.001(1)(O) (Failure to follow a court order) to require strict compliance with the service plan, holding that partial or substantial compliance is not enough to avoid termination.¹⁰ Similarly, appellate courts have held that a parent's excuses for noncompliance are not relevant to (O) grounds, even when caused by the caseworker's mistake submitting the paperwork for the referral or where the services are unavailable.¹¹ Those courts have explained that the Family Code makes no provisions for excuses, and the reasons that prevented a parent from complying with provisions of the court order did not create factual dispute.¹²

Because of this change and the strict interpretation by courts of appeal, it is important that service plans contain only services that the parent can actually access since the service plan now must be incorporated into the court's order.

3. Waiting periods and delays

Waiting periods and delays in obtaining services can also be a barrier to successfully working with a family toward reunification. For instance, many in-patient treatment facilities have waiting lists to obtain services. While parents involved in a CPS case are a priority population for substance abuse treatment, sometimes they cannot be located when their name comes up on the list. The round table discussion revealed that these providers do not always follow up with the caseworkers when they cannot locate the parent. One recommended solution was to create memorandums of understanding (MOUs) or include in the terms of a provider contract that the caseworker be notified if a particular client cannot be located.

4. Over-assignment of Services

Several participants reported that case plans frequently list numerous assessments and require that parents follow all treatment recommendations from those third-party assessments in addition to other classes and therapy. Requiring a parent to "follow all treatment recommendations" may be too broad to adequately assess a parent's progress. If a parent is seeing multiple providers for multiple issues, information may be lost in the process and a family's core issues overlooked.

Note Regarding Reasonable Efforts

Federal law requires that states make certain reasonable efforts in child welfare cases as a prerequisite to receiving federal funding. If the required findings are not made, or if the court finds that the agency has not made such efforts, the agency is denied federal foster care reimbursement for the time during which the judge determines that no reasonable efforts were

⁹ Tex. Fam. Code Ann. §263.106

¹⁰ *In re C.M.C.*, 273 S.W.3d 862, 874-76 (Tex. App.--Houston [14th Dist.] 2008, no pet.) (substantial compliance with service plan is not sufficient to avoid termination finding).

¹¹ *In re M.C.G.*, 329 S.W.3d 674, 675-76 (Tex. App.—Houston [14th Dist] 2010, pet. denied) (father's parental rights terminated on basis of his failure to comply with one item in service plan, where the item was not completed because the caseworker made a mistake in the referral paperwork); *C.M.C.*, 273 S.W.3d at 875 (mother's inability to find parenting class did not excuse her failure to comply with service plan requirement).

¹² *C.M.C.*, 273 S.W.3d at 875.

made.¹³ For state child welfare agencies, the reasonable efforts finding is particularly important.

The federal law specifies that the child's health and safety must be the paramount concern in providing and reviewing reasonable efforts.¹⁴ The federal requirement for reasonable efforts has three major prongs. The first two prongs relate to family preservation and reunification. First, the department must make reasonable efforts to preserve families before placing a child in foster care. These efforts are designed to prevent or eliminate the need for removing the child from his or her home.¹⁵ Second, the department is required to make reasonable efforts to make it possible for a child to safely return to his or her home.¹⁶ Note, however, that the court may determine that reasonable efforts to preserve and reunify families are not required in certain cases.¹⁷ Third, when the child's return home is no longer the appropriate plan, reasonable efforts are required to arrange and stabilize a new permanent home for the child.¹⁸

The federal law does not define "reasonable efforts," and explains that "[t]o do so would be a direct contradiction of the intent of the law" which requires "determinations be made on a case-by-case basis."¹⁹ However, the federal policy offers the following guidance:

In the absence of a definition, courts may entertain actions such as the following in determining whether reasonable efforts were made:

- (1) Would the child's health or safety have been compromised had the agency attempted to maintain him or her at home?
- (2) Was the service plan customized to the individual needs of the family or was it a standard package of services?
- (3) Did the agency provide services to ameliorate factors present in the child or parent, i.e., physical, emotional, or psychological, that would inhibit a parent's ability to maintain the child safely at home?
- (4) Do limitations exist with respect to service availability, including transportation issues? If so, what efforts did the agency undertake to overcome these obstacles?
- (5) Are the State agency's activities associated with making and finalizing an alternate permanent placement consistent with the permanency goal? For example, if the permanency goal is adoption, has the agency filed for

¹³ *Id.*

¹⁴ 42 U.S.C. 671(a)(15)(A).

¹⁵ 42 U.S.C. 671(a)(15)(B)(i).

¹⁶ 42 U.S.C. 671(a)(15)(B)(ii).

¹⁷ 42 U.S.C. 671(a)(15)(D).

¹⁸ 42 U.S.C. 671(a)(15)(C).

¹⁹ 8.3C.4 TITLE IV-E, Foster Care Maintenance Payments Program, State Plan/Procedural Requirements, Reasonable efforts, Child Welfare Policy Manual, *available at* http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=59#59.

termination of parental rights, listed the child on State and national adoption exchanges, or implemented child-specific recruitment activities?²⁰

According to federal policy, in deciding whether reasonable efforts have been made, courts should consider whether “limitations exist with respect to service availability, including transportation issues” and “if so, what efforts did the agency undertake to overcome these obstacles?”²¹ There is very little Texas case law interpreting the reasonable efforts requirement because it is rarely included as a finding in an appealable final order. In the context of Section 161.001(1)(O), regarding failure to comply with a court ordered service plan as a grounds for termination, some courts have been unwilling to excuse parent’s noncompliance with service plan elements that were not completed due to a caseworker’s failure to properly set up services or find available services.²² Similarly, courts have upheld terminations on (O) grounds despite a parent’s inability to complete parts of the plan due to transportation and scheduling issues.²³

5. Aggravated Circumstances

A finding of aggravated circumstances is an exception to the reasonable efforts to reunify requirement.²⁴ Round table participants discussed the appropriate timing of such a finding. Because the aggravated circumstances finding is specific to each parent, it usually does not speed up a case unless both parents meet the standard. However, the aggravated circumstances finding could be used to eliminate the need to provide services for a particular parent that is not likely to be rehabilitated, and save resources for parents with potential to reunify with their children. For instance, if the father has been accused of sexually abusing his child, some judges were of the opinion that he should not be included in any services and an aggravated circumstances finding should be made to “fast-track” the termination of his rights. Some participants commented that it could be useful to provide services to a parent, despite conduct that would meet the criteria for aggravated circumstances, because it is possible that the parent can be rehabilitated. One participant commented that, if the mother is struggling to choose between the father and her kids, it might be therapeutic for her to see the father refuse offered services.

6. Cases Involving Domestic Violence

In CPS cases involving an offending parent and a non-offending parent, domestic violence is often present. Nationally, it is estimated that one-third to one-half of all CPS cases involve

²⁰ *Id.*

²¹ 8.3C.4 TITLE IV-E, Foster Care Maintenance Payments Program, State Plan/Procedural Requirements, Reasonable efforts, Child Welfare Policy Manual, *available at* http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=59#59.

²² *In re M.C.G.*, 329 S.W.3d 674, 675-76 (Tex. App.—Houston [14th Dist] 2010, pet. denied) (father’s parental rights terminated on basis of his failure to comply with one item in service plan, where the item was not completed because the caseworker made a mistake in the referral paperwork); *C.M.C.*, 273 S.W.3d at 875 (mother’s inability to find parenting class did not excuse her failure to comply with service plan requirement).

²³ *In re C.R.*, 263 S.W.3d 368, 373-74 (Tex. App.—Dallas 2008, no pet.) (mother’s transportation and scheduling difficulties did not excuse her failure to comply with service plan).

²⁴ Tex. Fam. Code Ann §263.1015

domestic violence.²⁵ Recognizing the interplay between the two issues, the 2011 Texas Legislature created a task force to address the relationship between domestic violence and child abuse and neglect.²⁶ This is an area that the participants did not discuss in great detail because of the Senate Bill 434 workgroup.

7. Facilitating Visitation

Participants noted that visitation is the number one predictor of reunification. Facilitating visitation is a crucial component to encourage and strengthen the parent-child relationship. It is ultimately the parent-child bond that must serve as a foundation for reunification, and visitation is a part of strengthening and maintaining that bond.²⁷ In FY 2010, DFPS reported spending \$2 million on supervised visitation services in some areas of the state, but no funding is slated for supervised visitation services state-wide in FY 2012-2013. Round table participants suggested relative or foster parent supervision of visits, rather than paying for visitation center services. One participant suggested that DFPS include supervising visitations as a duty in foster parent's contracts, but a conflict may arise if the foster parent wants to adopt or keep a child in their care. One former foster parent who attended the round table commented that her family was told to separate themselves from the biological family, so it is possible that in some areas of the state, foster parents are being discouraged from assisting with visitation. Another participant suggested holding group visitations where one person can supervise several families; however, a parent commented that this idea failed when it was tried in San Antonio because the families' children began interacting together rather than with the parents. Another consideration mentioned is that having someone other than the caseworker supervising the visitation makes building a termination case more difficult.

Participants seemed to agree that relatives were an untapped resource for facilitating and supervising visitations. Family Group Decision-Making and other family engagement initiatives may help to identify relatives willing to supervise visits, even if the relative is unable to serve as a placement. Participants agreed that visitation standards should be promulgated. Participants also recommended consideration of the role relatives can play and whether unsupervised visits may be appropriate in some cases. The participants discussed whether a visitation workgroup should be formed to examine how it can best provide visitation options to families.

8. Availability and Accessibility of Resources

Round table participants suggested grouping resources together at or near the courthouse. For instance, representatives from the Texas Workforce Commission and persons who can provide assistance with CHIP and food stamp applications should be on-site to work with families. This is currently the practice in certain courts and many Title IV-D (child support) courts. Additionally, participants discussed eligibility requirements for housing and financial assistance. Sometimes the removal of the children makes the parents less likely to get the assistance that they need for reunification. For instance, some of the housing and other

²⁵ Leigh Goodmark, Reasonable Efforts Checklist for Dependency Cases Involving Domestic Violence 8 (NCJFCJ 2008), available at <http://www.vaw.umn.edu/documents/reasonablechecklist/RE%20Checklist%2009.pdf>.

²⁶ Tex. Gov't Code §§ 531.951- 531.961; Tex. 82nd Leg. R.S., S.B. 434 (2011).

²⁷ Kathleen S. Bean, Reasonable Efforts: What State Courts Think, 36 U. Tol. L. REV. 321, 355 (2005).

eligibility standards make families with children in the home a priority. It may be possible to work with these providers to see if parents can be treated for eligibility purposes as if the children were in the home if that payment would allow the children to be returned. If the eligibility requirements are set at a state level, DFPS should work to have these policies modified to accommodate this situation. If the policies are set at a federal level, DFPS should look to other state's administration of the program to see if they have an innovative way to address the situation.

Lastly, several round table participants commented on caseworkers' unwillingness to provide assistance to relatives. Specifically, relative caregivers reported that caseworkers made them feel like they could not ask for financial assistance to care for the children. The caseworkers told them if they were unable to provide fully for the children, they were not suitable to have the children. Relatives are much less costly than taxpayer funded foster care. In light of the budget shortfall, DFPS should pursue relative placements, even if they require support and assistance.

B. Recommendations

- 1. Consider forming a workgroup to examine how to coordinate the provision of services by various providers to ensure the treatments and services are available, not inconsistent with each other, or duplicative.**
- 2. Consider developing Memorandums of Understanding (MOU) with other entities such as the Department of State Health Services (DSHS) to spell out the process by which CPS client cases will be handled. Also, examine whether an MOU or other type of agreement between DFPS and authorities handling housing and financial assistance could establish CPS families as a priority population for those services and benefits.**
- 3. Train caseworkers and other stakeholders about the importance of assigning and ordering only those services that are available to the parent in a reasonable amount of time to give the parent sufficient opportunity to access and engage the service(s), and to be mindful of the legal implications under Section 161.001(1)(O) of the Texas Family Code.**
- 4. Consider forming a workgroup to examine DFPS visitation policies and determine alternative methods of providing it in order to increase the frequency and enhance the experience for families and whether promulgating visitation standards would be appropriate and helpful.**

Appendix A: DFPS FY 2010 Expenditures by Category and Services (as of 11/10)

Primary Services

FY10 Expenditures by Category and Service (as of 11/10)

Category	Service Description	Amount Paid
Evaluation & Treatment	Parent/Caretaker Training	4,600,487
	Couns/Therapy- Individual	8,686,645
	Couns/Therapy- Group	543,550
	Couns/Therapy- Family	1,869,450
	Court-Related Services	246,283
	Home-Based Therapy	1,764,000
	Psycho-Social Assessments	169,083
	Assessment Services	290
	Psychological/Dev Eval/Test	8,033,791
	Psychiatric Eval	518,895
	Translator Services	69,786
	Diagnostic Consultation	192,423
	Sub Abuse- Hm Based Thrpy	112,746
	Sub Abuse- Assessment	607,827
	Sub Abuse- Individual Couns/Therapy	1,256,283
	Sub Abuse- Group Couns/Therapy	598,200
Sub Abuse- Family Couns/Therapy	241,134	
Sub Abuse-Diagnostic Consultation	1,766	
Evaluation & Treatment Total		29,512,639
Drug Testing	Drug Testing-Urine Analysis	2,067,472
	Drug Testing-Oral Fluids	792,040
	Drug Testing-Hair Testing	1,067,354
	Court-Related Services	9,645
Drug Testing Total		3,936,511
Family Group Decision Making	Family Group Conference (FGC)	504,786
	Circle of Support (COS)	21,741
	Permanency Conference (PC)	703,706
Family Group Decision Making Total		1,230,233
Family-Based Safety Services	ICPC Courtesy Supervision	39,300
	Contracted Fam Pres Svc	906,689
Family-Based Safety Services Total		945,989
Home Screenings/ Assessments/HS EGH	Reltv/Othr Caregvr-Hm Assmnt	4,143,667
	Social Studies	93,694
	ICPC Foster and Adopt Home Studies	29,623
	ICPC Relative/Caregiver/Parent Home Assessments	526,076

	Court-Related Services	4,225
	Adoption Readiness Study	603,470
	Fos/Adopt HS-Client Spec	102,750
	Fos/Adopt HS-Non Clnt Sp	432,236
	Adoption Home Study	477,978
	Foster HS-Client Spec	8,115
	Foster HS-Non Clnt Sp	4,708
Home Screenings/Assessments/HSEGH Total		6,426,542
Homemaker	Diagnostic Consultation	7,853
	Court-Related Services	4,054
	Homemaker/Parent Svc	1,420,638
	Emergency Homemaker Svc	162,303
Homemaker Total		1,594,848
Supervised Visitation	Diagnostic Consultation	120
	Court-Related Services	1,274
	Court Ord'r Sup Visitation	1,838,178
Supervised Visitation Total		1,839,572
Camping	Youth Camping	3,125
Camping Total		3,125
Grand Total		45,489,459

Other Services

FY10 Expenditures by Category and Service (as of 11/10)

Category	Service Description	Amount Paid
Preparation for Adult Living (PAL)	After Care Case Management & Life Skills Training	\$7,406,789
Adoption	Placement & Post Placement Supervision	\$7,169,839
Post-adoptive Services	Services to Adoptive Families & Their Children	\$4,062,910
Grand Total		\$18,639,538

Day Care Services

FY11 Expenditures by Category and Service (not a complete year)

Category	Service Description	Amount Paid
Day Care	Protective Day Care	\$19,524,945
	IV-E Foster Day Care	\$8,590,272
	Non-IV-E Foster Day Care	\$2,546,339
	Relative Day Care	\$10,398,443
	Grand Total	\$41,059,999

Appendix B: DFPS Sample Service Plan

Case Name: Doe, Jane Case #: 12345678
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FAMILY SERVICE PLAN

Substitute Care

IDENTIFYING INFORMATION:

Name(s) of Parent(s) Jane Doe , John Doe
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Name(s) of Child(ren) John Doe, Jr., Julie Doe, Janice Doe, Jill Doe
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PLAN DATES:

Plan Completed/Conference Date:	6/23/2009
Month/Year of Next Review:	10/2009

PERMANENCY GOALS: (See last page for definitions.)

Child's Name	Permanency Goal	Target Date
John Doe, Jr.	Family Reunification	5/17/2010
Julie Doe	Family Reunification	5/17/2010
Janice Doe	Family Reunification	5/17/2010
Jill Doe	Family Reunification	5/17/2010

PARTICIPANTS (Principals and Collaterals on case):

Name	Relationship
Jane Doe	Self
John Doe	Spouse

REASON FOR CHILD PROTECTIVE SERVICES INVOLVEMENT:

Prior to the removal of the children, the family received Family Based Safety Services (FBSS) for 6 months. That case was opened due to all four children being chronically neglected and living in unsanitary, unsafe conditions. The department worked with the family to secure safe housing, establish routines for completing household chores to ensure the house does not return to an unsafe condition, and coping strategies so the mother does not feel so overwhelmed and subsequently "shut down" and neglect the care of her children.

On April 27, 2009, the department received a referral alleging the neglectful supervision and physical abuse of the children by both parents. Mr. Doe returned from work one evening after being laid off and was intoxicated. He physically assaulted Ms. Doe while she was holding Jill and Jill sustained bruising to the arms and face. Ms. Doe, while trying to protect herself from the blows, accidentally dropped Jill and Jill sustained a broken arm. All of the children were in the room during the assault and witnessed the incident. John tried to intervene and stop his father from hitting his mother and was injured when his

father hit him with the phone he threw at the mother. John sustained scratches and bruising to his arms as he tried to block the phone from hitting him. The police were called and the father was arrested. The mother refused to sign the protective order and subsequently contacted family members and asked for financial assistance so she could bail the father out of jail. He was bonded out that night. Additionally, the law enforcement reported the conditions of the home were unsafe; there was broken glass, nails, old appliances, and trash, in and around the house. There was reportedly old food, clothes, trash, a broken ash tray and filth all over the house.

FAMILY STRENGTHS AND SUPPORTS:

The Doe's have many relatives who live in the area. They see their family members on occasion. The family is actively involved with Christ Church. The children attend daycare paid for through CCMS. The father was employed until the incident. He is currently unemployed. The mother does not work. Both parents have high school diplomas.

COMMUNITY SUPPORTS:

The family is very connected to their church. The parents access CCMS daycare.

HOPES AND DREAMS FOR THE CHILD(REN):

The children want to return home and live with their parents. The parents want their children to get good educations. The parents want their children to be healthy and happy. John plays baseball and the parents want him to continue doing that.

PARENT(S) RESPONSIBILITIES RELATED TO CHILD(REN)'S EDUCATION:

The parents will attend school meetings.

FAMILY AND CPS CONCERNS RELATED TO RISK AND SAFETY:

Initial Concerns:

As Of: 6/23/2009

There were two children in the home under the age of 5 that are at risk of abuse/neglect due to home conditions.

The children have reported being slapped by Jane Doe and their step-father in Oklahoma. There are concerns that the parents do not have the ability to control their tempers and deal with frustrations. Two of the children were injured during the domestic violence incident that recently happened.

The family has a history of not maintaining a safe home for the children.

The family has a history of domestic violence that the department was unaware of until this most recent incident. The

children have witnessed their father assault their mother on numerous occasions. The extended family was aware of the domestic violence and John's history of intervening in the assaults.

The home on Main St. was seen as hazardous to the children. There were old appliances, nails, trash, and glass around the house. The current home was reported to be a safety hazard as well. There was reportedly old food, clothes, trash, a broken ash tray and filth all over the house. The parents reportedly did not see this as a problem.

The parents reportedly did not see the dirty home as a problem. Mr. Doe has on several occasions become very loud and yelled at workers. He reportedly made threats to workers as well.

SERVICE PLAN GOALS (CHANGES NEEDED TO REDUCE RISK):

Mr. and Mrs. Doe will demonstrate the willingness and ability to protect the child from harm. Parents will recognize and accept each child's age appropriate behaviors and learn to cope with them. Parents will show the ability to parent and protect the children.

Mr. and Mrs. Doe will demonstrate the ability to communicate with spouse or support system to deal with everyday problems. Parents will learn to control angry feelings and actions to prevent harm to others.

Mr. and Mrs. Doe will demonstrate the ability to protect the children from future abuse or neglect, and will show concern for their future safety. Family will understand and support the children's efforts to deal with issues related to their prior maltreatment.

Mr. and Mrs. Doe will learn appropriate ways to deal with stress in order to reduce the level of stress and chaos in the home. They will maintain housing that is safe and free of hazards and provide protection, food, and shelter for the children and family.

Mr. Doe will learn to control his temper and work with the department as a parent who cares about his children. His threatening behaviors and words toward CPS workers will not be tolerated.

Task/Service including timeframes:	Assigned To:	Completed No Longer Needed:	/Court Ordered For:	Date Created:
VISITATION WITH CHILDREN Mr. and Mrs. Doe will attend weekly visits with the children at the DFPS office located at 3521 SW 15th. St., Amarillo, Texas 79201, for one hour a week. Visitation with their children is their opportunity to demonstrate what they are learning in parenting classes and through counseling. They will be appropriate during visits and follow Safe Harbor and visitation rules. They will give 24-hour notice of cancellation by calling Safe Harbor director, Gail, at 806-673-4021.	Parents	No	Parents	6/23/2009
SAFE AND STABLE HOME Mr. and Mrs. Doe will maintain a home that is safe, stable, has all working utilities, and is free from drugs and violence. They will maintain	Parents	No	Parents	6/23/2009

<p>a clean and orderly home free from safety hazards. They will remove or lock up anything in the home that poses risk to the health and safety of the children. CPS will make home visits to ensure the home is appropriate and make recommendations with which Mr. and Mrs. Doe will need to comply. They will establish daily routines and schedules and learn to have a less chaotic lifestyle. They will discuss these issues in individual counseling as well. They will allow announced and unannounced home visits to their home. They will allow photographs to be taken of the home in order to document compliance.</p> <p>Mr. and Mrs. Doe will notify the department of any changes to their address and/or contact information no later than 5 days after change has occurred.</p>				
<p>INDIVIDUAL COUNSELING</p> <p>Mr. and Mrs. Doe will participate in individual counseling with Jeff Smith, MA, LPC. During these sessions, it is expected that counseling will address issues related to the removal for neglect, their relationships with the children and each other. They will schedule their first counseling session by August 28, 2009. In the event they complete eight sessions before the psychological evaluations, they will return to counseling if further sessions are recommended by the evaluation. They notify their CPS caseworker of the appointment by August 31, 2009. They will attend at least twice a month and complete eight sessions by December 31, 2009, and continue attending if the therapist requests more sessions. They will follow all recommendations given by therapist. Jeff Klaus, 1234 N McGee, Make Believe, TX 00000 555-555-5555</p> <p>**Mr. and Mrs. Doe are responsible for scheduling these appointments on or before August 28, 2009. The department will provide payment.</p>	Parents	No	Parents	6/23/2009
<p>Batter's Intervention Program</p> <p>Mr..Doe will attend and participate in batter's intervention program classes at Good Shephard. He will provide certificates of completion. Mr. Doe will demonstrate what he learned his counseling sessions with his therapist and during monthly meetings with the caseworker. Mr..Doe will call to inquire about this program by August 31, 2009, and let their caseworker know when they will begin the program. He will be responsible for payment. He will submit a certificate of completion.</p> <p>Tim Simmons, 3333 S Washington St. Suite 204, Make Believe, TX 555-555-5555</p> <p>**It is Mr. and Mrs. Doe's responsibility to call and inquire about next session no later than August 31, 2009. He is responsible for requesting sliding scale payments or requesting a scholarship. If payment cannot be arranged, he must notify his caseworker so a request to the child</p>	Parents	No	Parents	6/23/2009

welfare board may be submitted.				
PSYCHOLOGICAL EVALUATION	Parents	No	Parents	6/23/2009
<p>Mrs. Doe will complete a psychological evaluation and follow all recommendations. It will be their responsibility to contact Dr. Sam Jones and set up an appointment for their psychological evaluations. Sam Jones and Associates' contact number is 555-555-5555. They will notify Worker by July 10, 2009, with the date of the evaluation.</p> <p>** Mrs. Doe is responsible for calling to schedule her appointment by July 10, 2009. The department will pay for this service.</p>				
Domestic Violence Services	Parents	No	Parents	6/23/2009
<p>Ms. Doe will contact SafePlace by August 1, 2009 to schedule an intake and assessment. If services are offered, then she will demonstrate her knowledge and skills during her counseling sessions with the therapist and during monthly meetings with the worker. The number is: 555-555-5555.</p>				