



**TexProtects**

The Texas Association for the Protection of Children

# Child Protective Services Workforce Analysis and Recommendations

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## Introduction

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Child abuse in Texas is a steady and growing problem that must be addressed. As the largest department under the Department of Family and Protective Services (DFPS), Child Protective Services (CPS) serves as the primary state agency charged with addressing child abuse in Texas. CPS has a \$1.3 billion annual budget and over 9,200 employees.<sup>a</sup> Given the complexity of CPS's mission, the agency has remained in a constant state of turmoil, punctuated by emergencies over the past decade. Past reform efforts aimed at improving the agency have achieved some positive outcomes in many areas, but continue to fall short of achieving a high-functioning department that increases the safety and well-being of our highest-risk population of children.

Retaining a high-quality workforce continues to be one of the greatest challenges CPS faces. Turnover at CPS remains higher than any other state agency of its size and despite a two-year reform effort called "CPS Transformation," overall turnover at CPS remains the same, around 25% every year. The job duties of a CPS caseworker can be challenging and not everyone is suited for this difficult work. Caseworkers are tasked with making life-and-death decisions daily while juggling unmanageable workloads. They are asked to work long hours, often on weekends and holidays away from their own families, and often they do this dangerous work completely alone.

Currently, there are various efforts underway to address the CPS reform mandates ordered by U.S. District Judge Janis Jack's ruling from December 2015. Judge Jack found that the Texas CPS system had violated the rights of children in state care. Two special masters were appointed to produce CPS reform recommendations. Judge Jack's ruling is one in a long list of calls for CPS reforms in attempts to improve the system intended to provide for the safety of Texas children.

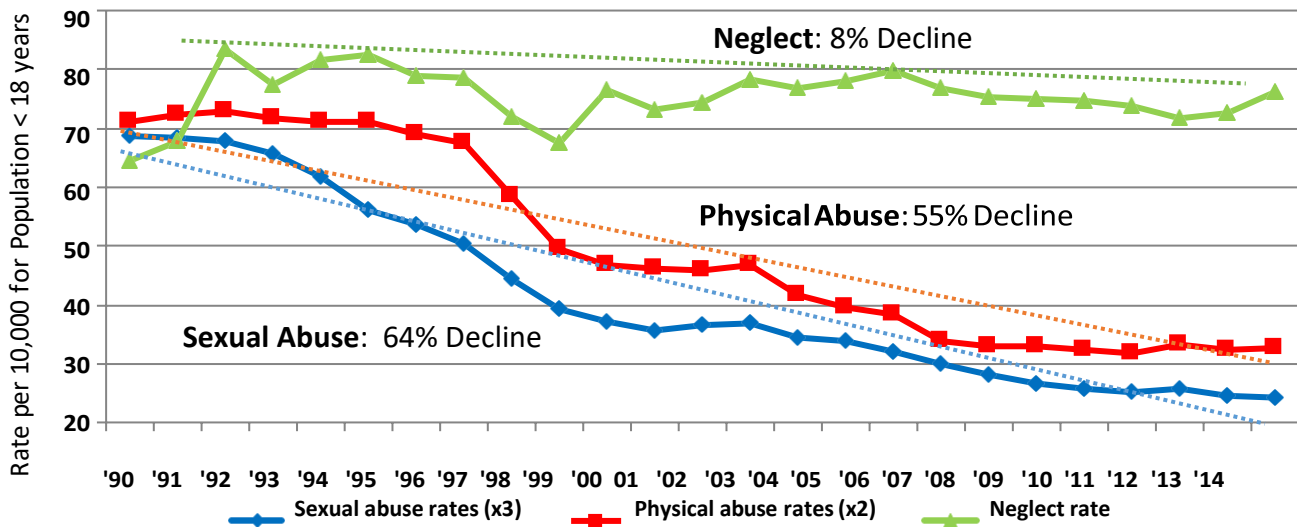
In 2014, TexProtects authored a comprehensive overview of the CPS system, *Understanding Texas' Child Protection Services System*,<sup>b</sup> which includes a detailed flowchart that guides readers through the entire process of how CPS operates. This paper, the *CPS Workforce Analysis and Recommendations*, is a companion piece to the initial CPS report and has three main goals. The first is to identify the current issues remaining within the CPS system that contribute to high turnover. The second goal is to identify past reform and transformation attempts in the last ten years that worked and those that failed and the third goal is to outline key recommendations that TexProtects believes will ensure CPS has a strong and stable professional workforce to better protect Texas children.

## Background

### National and Texas Child Maltreatment Trends

National child abuse trends over the past 25 years provide a perspective to Texas' unique challenges. Between 1990-2014, sexual and physical abuse has substantially declined nationally, 64% and 55% respectively, while neglect has remained more static at just an 8% decline (latest national data available – see image below).<sup>c</sup>

Figure 1. United States Child Abuse and Neglect Trends 1990-2014<sup>c</sup>



Texas' sexual and physical abuse trends have reflected the national trends – both confirmed physical and sexual abuse declined 59% each over the same time frame. However, in contrast, Texas' rate of neglect and abandonment have increased by 41%, a striking 6 times the 8% decline nationally. Severe neglect continues to be the primary reason for removals each year in Texas. In 2013 (latest data available), 79% of removals involved neglect of some form.<sup>hh</sup>

Figure 2. Texas Child Abuse and Neglect Trends 1992-2014<sup>a</sup>

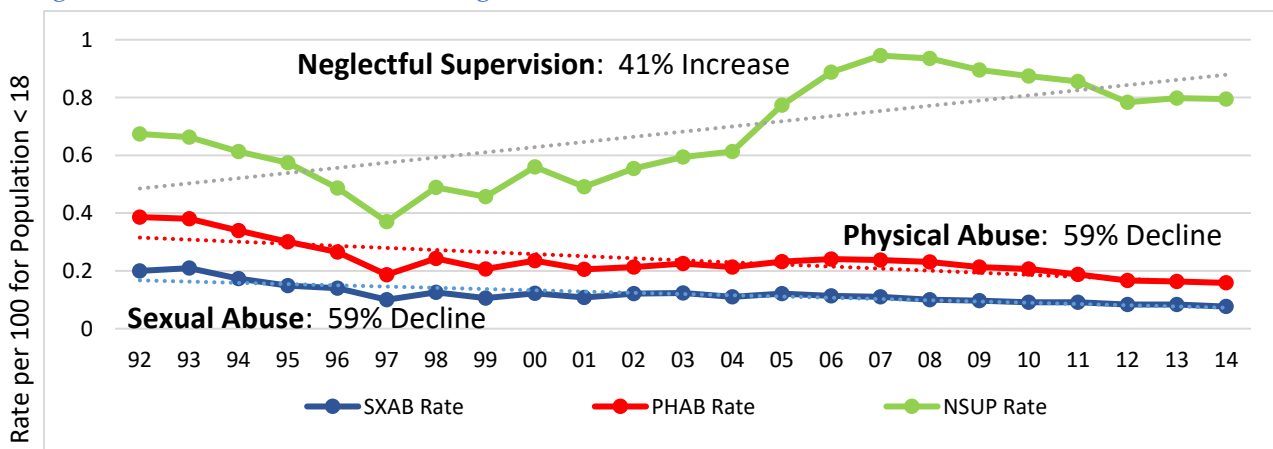


Figure 2A. Texas Neglectful Supervision Trend 1992-2014

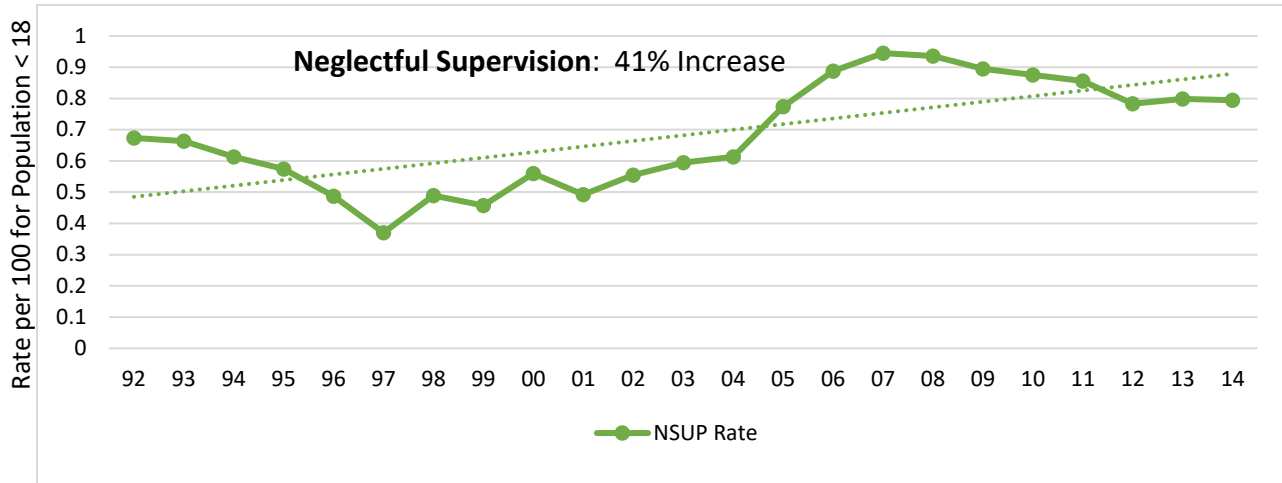


Figure 2B. Texas Sexual Abuse Trend 1992-2014

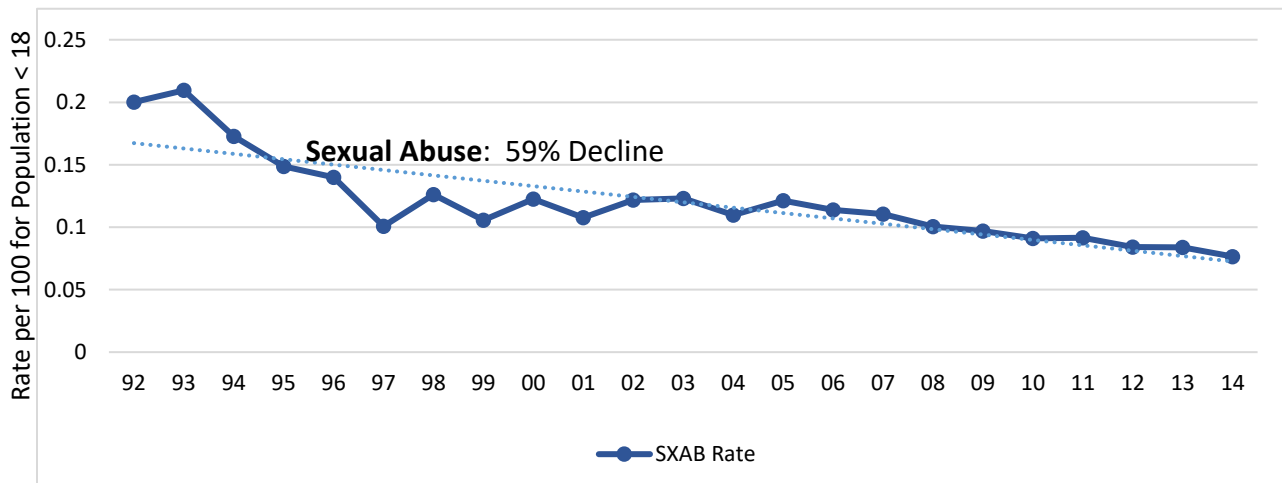
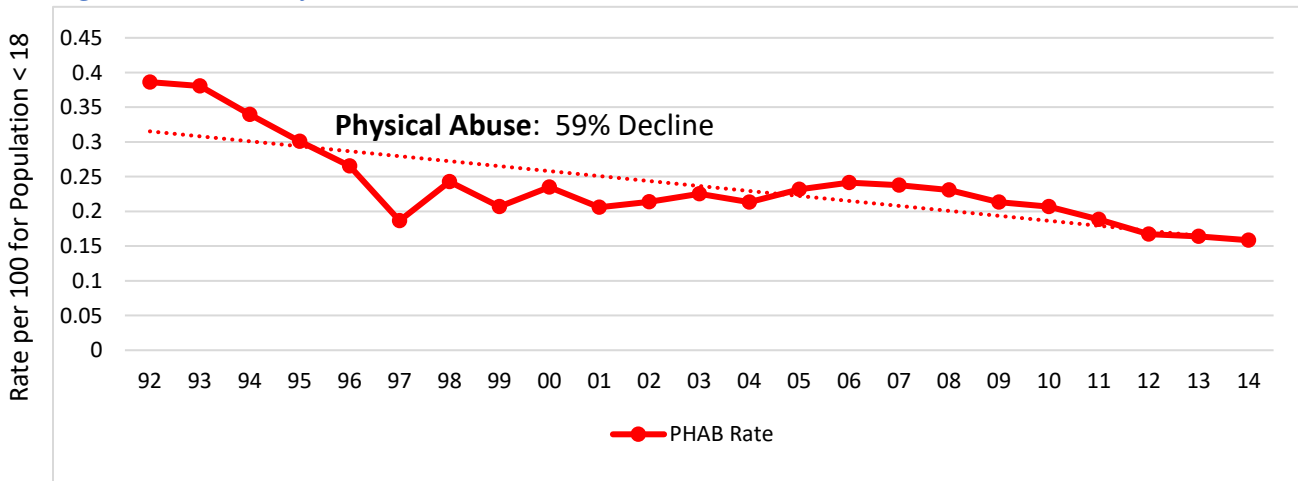


Figure 2C. Texas Physical Abuse Trend 1992-2014



Every year in Texas, approximately four children die every week due to abuse and neglect.<sup>e</sup> Over the past 15 years, 3,078 children have lost their lives due to abuse and/or neglect, most at the hands of their own parents or caregivers. Approximately half of these fatalities involved families that had current or prior involvement with CPS.

Fifteen percent of child fatalities in 2015<sup>e</sup> occurred in cases that were actively open to CPS at the time of death, which underscores the critical importance of CPS's mission to respond to alleged reports of child victimization in a timely fashion and to conduct thorough, trauma-informed investigations, assessments and removal/placement decisions.

The charts below showing the number of fatalities due to child abuse and neglect are displayed in separate figures due to discontinuous data as of 2012. In 2013 DFPS provided "enhanced guidelines" to staff which in practice "narrowed" the definition of a child abuse fatality. Between 2011 and 2013, DFPS initiated a review of child fatalities deemed substantiated as "Reason to Believe" (RTB). The agency's goal is to ensure that only fatalities due to the abuse and neglect of the child at the specific time of death were considered substantiated. Fatality cases where abuse and neglect had been previously determined RTB were no longer considered child abuse and neglect fatalities, per se.

Figure 3.1 2001-2012 Texas Child Abuse and Neglect Fatalities<sup>e</sup>

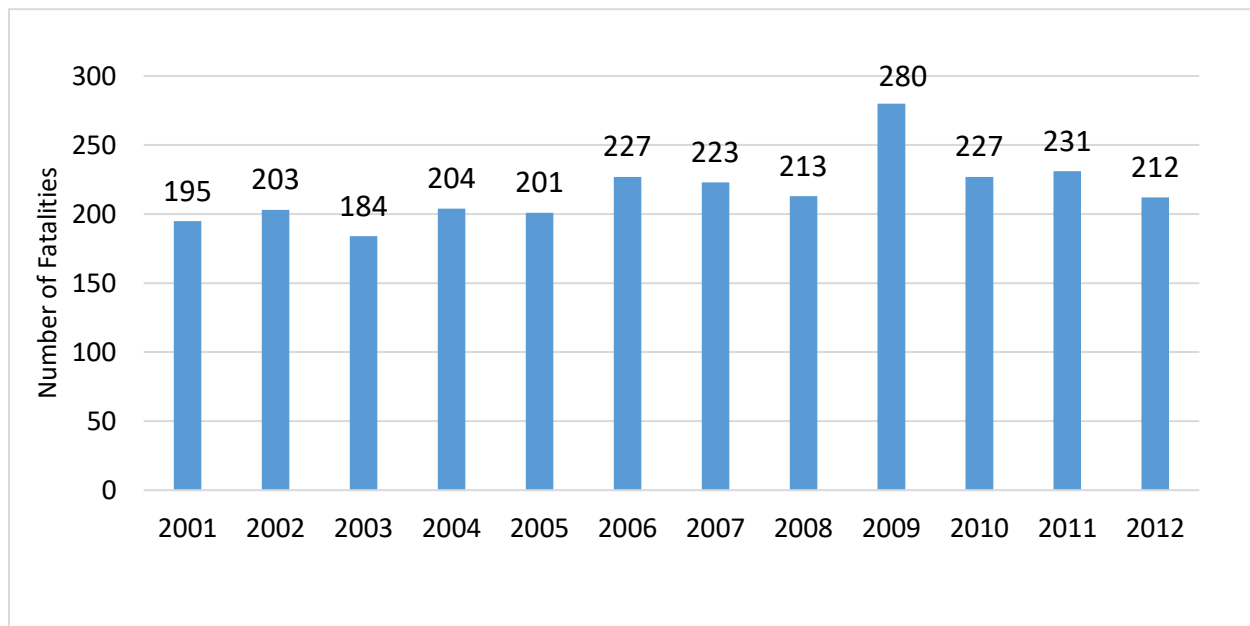
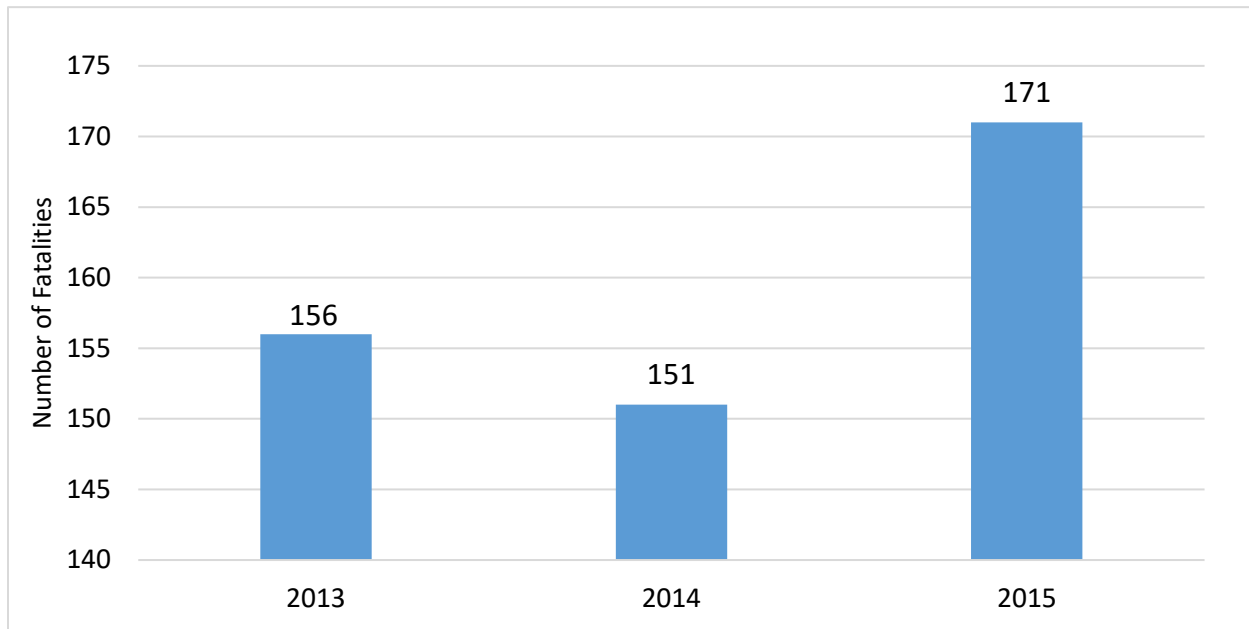


Figure 3.2 Child Abuse and Neglect Fatalities 2013-2015



## Summary of Past Reforms

The Texas Legislature and the agency have made well-intentioned and often successful reforms in the past, while others ultimately had little impact. A sampling of changes over the past 17 years is summarized below.

1999 – State District Judge Scott McCown released his comprehensive “Petition on Behalf of the Forsaken Children of Texas” to the Governor and the 76<sup>th</sup> Legislature. In this research paper, Judge McCown made the case for strengthening CPS, including lowering caseworker caseloads, and investing in prevention services. As a result of this request, the Legislature appropriated significant new funding for CPS, including an additional 300+ front-line staff and other support for children and families.

2001 – A caseworker turnover crisis in Dallas (as high as 46%) resulted in the creation of legislation to create “just in time” replacement of caseworkers in the 77<sup>th</sup> Legislature (which successfully reduced turnover to 26% in Dallas). The reform, while successful, was not replicated statewide and discontinued due to lack of funding. The program was subsequently reinstated in SB 6 (79R), but the department failed to create an algorithm to project hiring needs and instead, used an across-the-board “hire ahead” resulting in an over hire of all CPS unit support staff (even for positions with a low turnover rate) leading to a discontinuation of the project.



2003 – Budget shortfalls in this legislative session resulted in a 50% cut to the Prevention and Early Intervention Division of DFPS: Specifically, to family support, evidence-based home visiting programs that have been shown to prevent maltreatment.

2004 – A Select Interim Committee on Child Welfare and Foster Care was created to address high child abuse fatalities, children languishing in foster care and high turnover at CPS under the Chairmanship of then-Representative Carlos Uresti. The interim report was the basis of SB 6 in the 2005 legislative session.

2005 – The legislature passed SB 6 (by Sen. Jane Nelson, et. al), the omnibus CPS Reform bill which focused on improving investigations by mandating faster response times to abuse reports, hiring Special Investigators with law enforcement background, reducing caseloads by filling long-term vacancies with the “just in time” replacement system, adding a \$5,000 stipend for Investigative caseworkers to compensate for hazard pay and being on call where turnover was the highest. The bill also included a framework for outsourcing the foster care system to private providers along with numerous other reforms. The reform was successful in improving CPS investigations, but it failed to address the growing number of children and families who required services as a result of improved investigations. The need for investments and policy changes for Conservatorship (CVS), Family Based Safety Services (FBSS), Preparation for Adult Living (PAL), Foster and Adopt and other initiatives once children are removed were not addressed.

2006 – Texas Comptroller Carole Keeton Strayhorn released a Special Report on Foster Children, “The Forgotten Children,” which revealed significant problems with Texas’ foster care system, especially the deplorable state of group homes and residential treatment centers.

2007 – SB 758, Part II of CPS Reform, replaced the outsourcing of the foster care system to private providers’ provisions from SB 6 with a pilot project for case management services and focused on building out the “downstream” supports after a child abuse case is investigated. The surge in investigations in 2006 resulted in a demand for more foster care (Conservatorship) caseworkers and Family Based Safety Services (FBSS) workers. The legislation initiated a greater focus on relative families and the expansion of CPS’s kinship program as an alternative to foster care. Thus, an increased number of children in foster care were able to transition to kinship families. Children with basic needs were able to exit to permanency at a greater rate than those with more complex behavioral and medical issues.

2009 – SB 2080 Created the guardianship assistance program entitled “Permanency Care Assistance Program” to provide financial support to kinship caregivers who have been verified as a foster home; extended adoption assistance and permanency care assistance up to age 21 for eligible youth; and extended foster care up to age 21 for eligible youth. 2009 – HB 1151 Required “trauma-informed training” for foster/adoptive parents, kinship caregivers, and caseworkers. 2009 – SB 68 Strengthened foster home inspections and background checks.

2011 – Budget cuts were made to the Prevention and Early Intervention (PEI) Division and CPS staff experienced a hiring freeze in the 82<sup>nd</sup> Legislature. With 25-30% turnover of the workforce annually, a hiring freeze is equivalent to a 25-30% cut in staff. The most impactful prevention programs were cut, such as family support home visiting.

2013 – The budget restored the department’s ability to hire and replace lost staff. With the hiring freeze lifted, CPS was able to lower average daily caseloads significantly by 31.3% (29 in 2011 to 19.9 in 2013). It also provided a step increase in salary for supervisory positions as supervisors were unable to collect overtime, creating a position with less compensation for more responsibility.

2014-15 – DFPS underwent a Sunset Review. In conjunction with the review, DFPS commissioned a top-to-bottom assessment of the agency by The Stephens Group. Both reports recommended sweeping changes related to hiring and service delivery for children and families. In 2014, DFPS initiated the implementation of many of these recommendations and named their efforts “CPS Transformation.” While CPS Transformation has made improvements in many areas, such as assessing safety and risk through Structured Decision Making (SDM), once again, the legislation failed to adequately address high turnover, especially in a caseworker’s first year on the job.

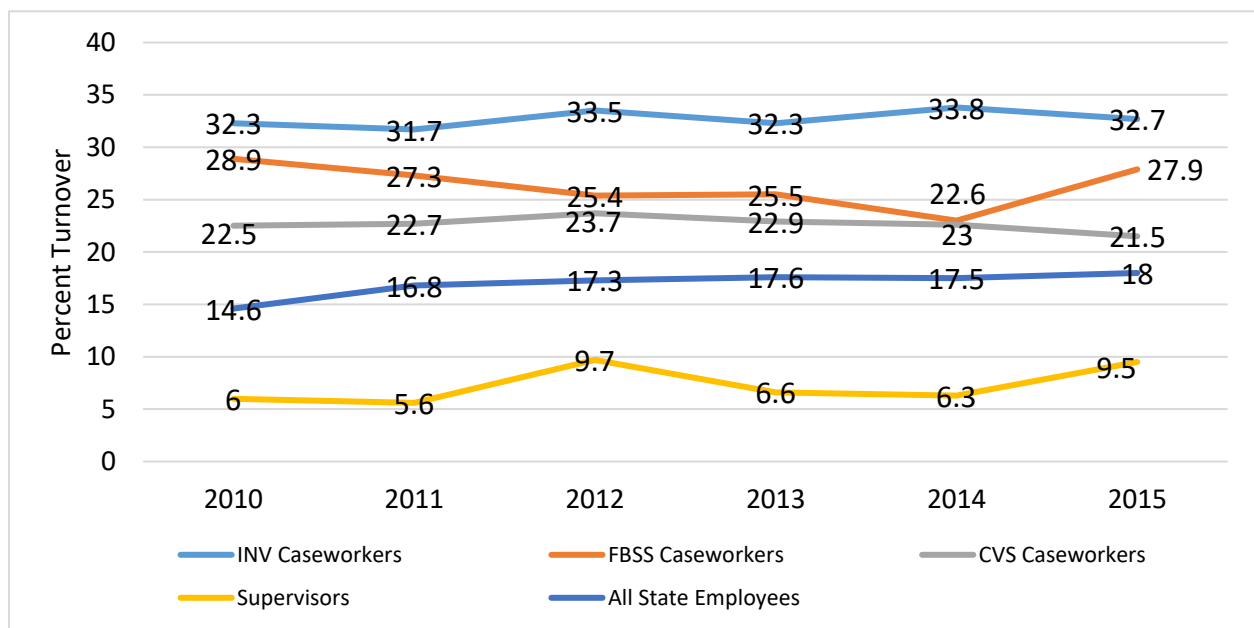
December 2015 – Federal Judge Janis Jack ruled that the Texas CPS system violated the constitutional rights of children in its care. Judge Jack wrote in the ruling, “Texas’s foster care system is broken, and it has been that way for decades. It is broken for all stakeholders, including DFPS employees who are tasked with impossible workloads. Most importantly, though, it is broken for Texas’s [Permanent Managing Conservatorship] PMC children, who almost uniformly leave State custody more damaged than when they entered.” Judge Jack issued remedies which have the potential to address much of what is broken in the foster care system, but the remedy focuses narrowly on only those children in the permanent managing conservatorship of the state.

December 2016 – The Legislative Budget Board approved emergency funding for 829 additional workers to alleviate the unmanageable workloads and better ensure caseworkers meet statutorily guidelines to see children timely – priority 1 cases within 24 hours of receiving the report and priority 2 cases within 72 hours. In addition, approximately 6,000 frontline workers will receive a \$12,000 salary increase to bring their compensation in line with similar professions. Other vital positions that support caseworkers will also receive increases in compensation.

## CPS Workforce: Addressing Turnover

High turnover continues to be the most persistent problem plaguing CPS.<sup>ff</sup> Based on both the Stephens Group and TexProtects cost analysis, high turnover at the DFPS CPS division cost the state an estimated \$54,000 per lost employee or \$77.5 million in 2015 alone. 1,435 CPS caseworkers left the department in 2015.<sup>f</sup> The blended turnover rate for CPS caseworkers has remained near 25% since 2010<sup>g</sup> with the highest percentage of turnover occurring within the Investigative caseworkers at 33% and within all caseworkers' first year on the job, averaging 43.8% in 2015.<sup>f</sup>

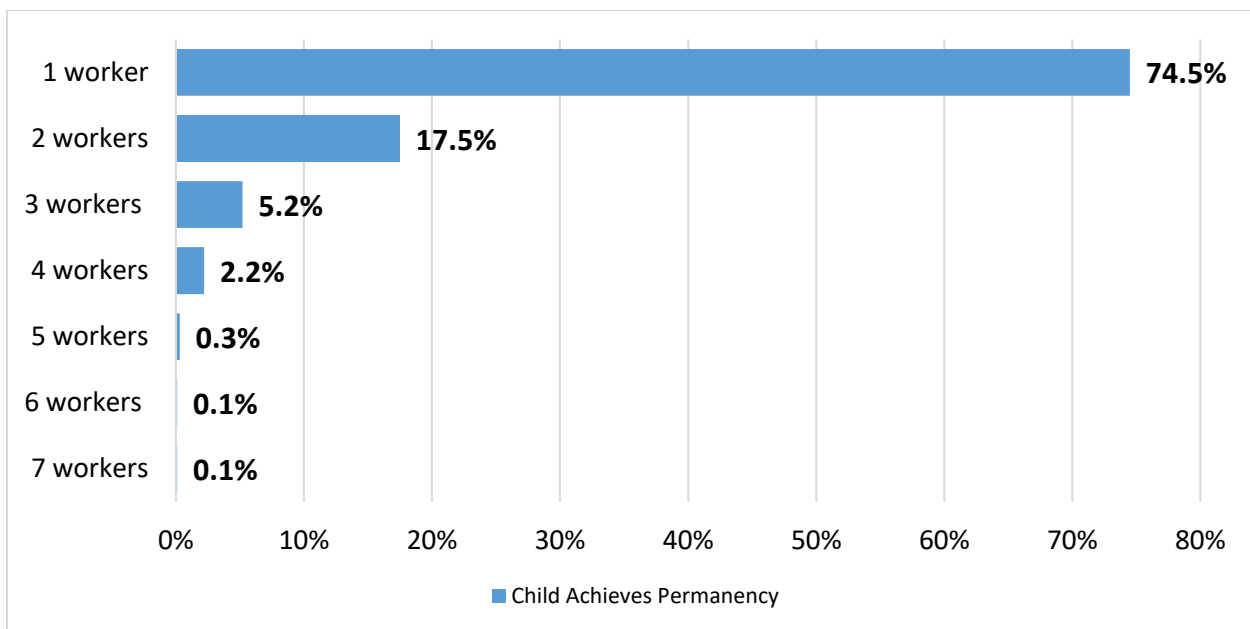
Figure 4. 5-Year Turnover Rates for all DFPS Employees<sup>f</sup>



## Turnover Linked to Poor Outcomes for Children

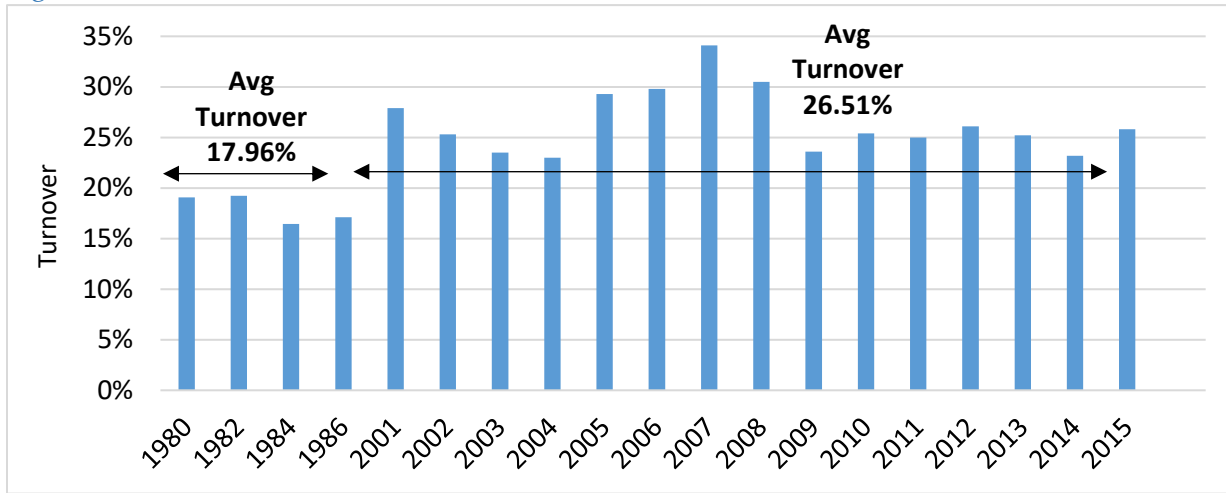
Beyond the financial impact, turnover has also been linked to poorer outcomes for children. When a caseworker leaves the department, his/her cases are passed on to other caseworkers, who are already carrying workloads above capacity. In investigations, this can result in alleged victims not being seen, and in the most tragic circumstances, can result in a child fatality. In Conservatorship, turnover can directly impact how quickly a child finds a permanent home. In one study, children with one consistent caseworker had a 74.5% chance of achieving permanency within one year. When the case was handed off to just one additional worker, that child's chance of reaching permanency within one year dropped to 17.5%<sup>h</sup>, as noted in Figure 5.

Figure 5. One Year Permanency Outcomes and Changes in Caseworkers<sup>h</sup>



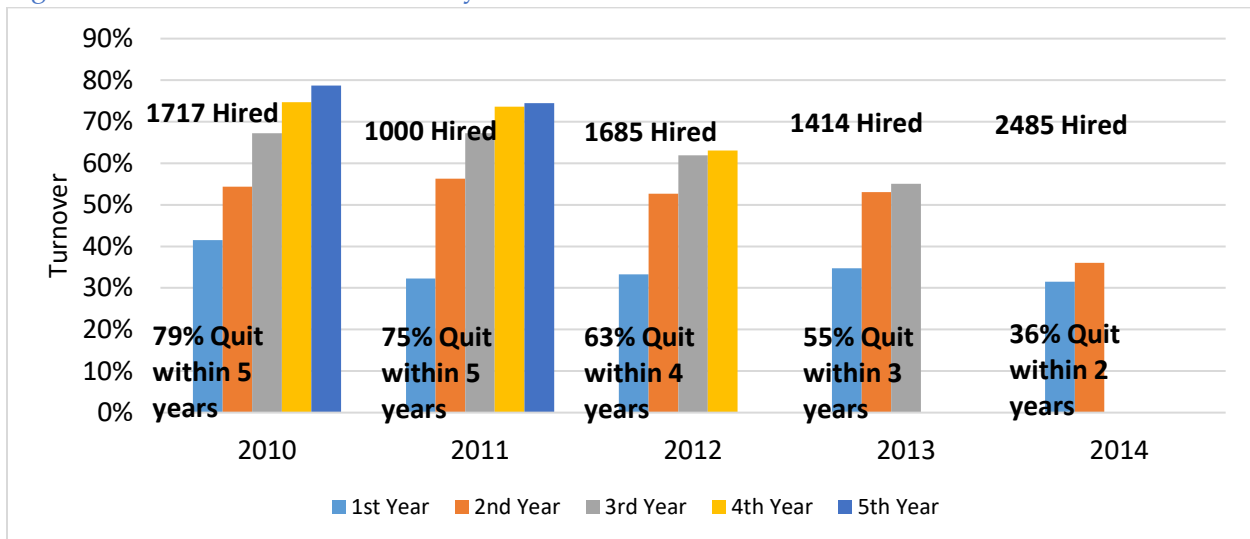
Turnover at child welfare agencies is not inevitable, however. In the 1980s, when the salary for a CPS caseworker was competitive with the social work profession, turnover was below 20%, which is more congruent to past and current overall state employee turnover averages,<sup>i</sup> as depicted in Figure 6, below.

Figure 6 CPS Caseworker Turnover 1980-Present<sup>i</sup>



Among all types of frontline caseworkers at DFPS, turnover is consistently highest among Investigative caseworkers. In 2015 Investigator (INV) turnover was at 32.7%,<sup>f</sup> compared to 21.5% for Conservatorship workers. The unpredictable nature of Investigative casework, both volume and work hours, along with the hazardous nature of the position, have often been cited as contributing to turnover. Historically, Family Based Safety Services (FBSS) and Conservatorship (CVS) caseworkers have experienced lower turnover rates. Yet, that is now changing: FBSS caseworker turnover increased sharply in 2015 from 22.6% to 27.9%.

Figure 7. All Caseworker Turnover by Year Hired<sup>j</sup>



## Contributors to Turnover

Understanding why caseworkers leave is critical in developing and implementing retention efforts. According to State Auditor’s Office (SAO) exit surveys of DFPS (state fiscal year 2016 Q1-Q3), the most common reasons cited by CPS staff for voluntary separation, other than retirement, included (a) insufficient pay, (b) issues with their supervisor and (c) poor working conditions (e.g. too much stress/workloads that were too high). Other reasons cited included retirement, health issues, relocation and lack of career advancement opportunities.<sup>1</sup>

Figure 8. 2016 SAO DFPS Exit Survey (Q1-Q3)<sup>1</sup>



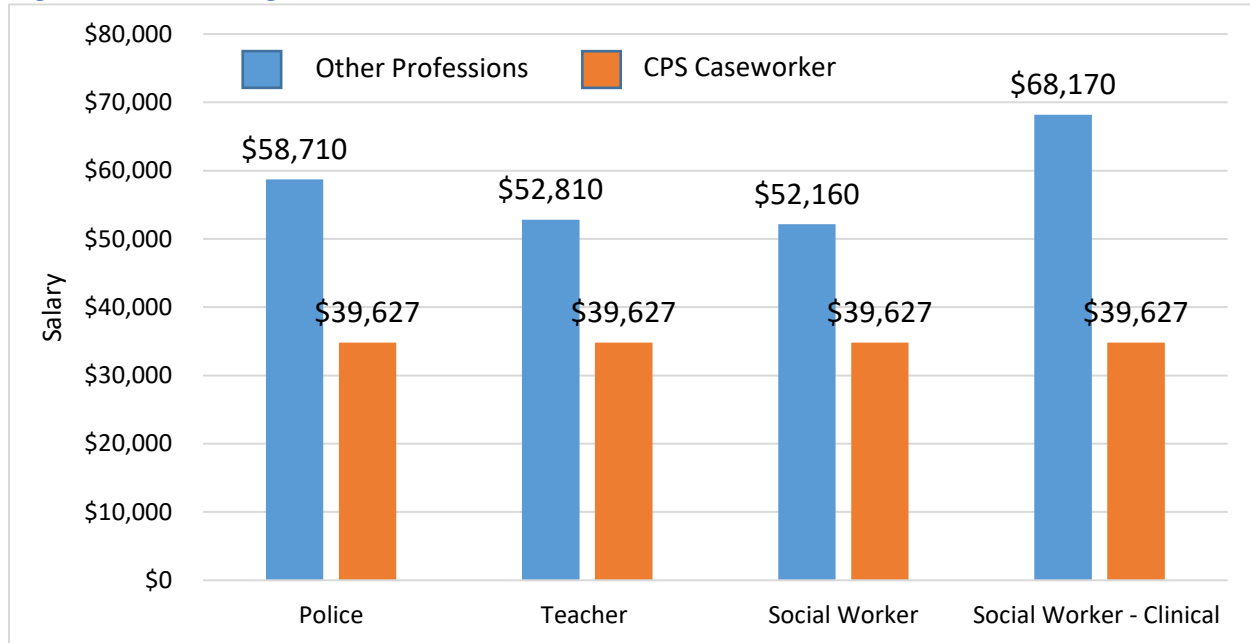
## Compensation

Eighty-seven percent of caseworkers who completed the SAO exit survey in 2016 indicated they were leaving for a better paying position elsewhere.<sup>1</sup> Departing caseworkers reported they would be making anywhere from \$1,000 to more than \$10,000 of additional pay at their new job. Exit surveys have also identified that caseworkers are leaving for a variety of jobs that are similar to DFPS’s mission but offer more competitive pay, such as the education, law enforcement and non-profit sectors.<sup>1</sup>

When polled in the DFPS exit survey in 2015, 76% of exiting caseworkers revealed that *their pay was insufficient in relation to the work they were asked to complete*. About 52% of workers believed that increasing salary could result in improved retention.<sup>m</sup>

In 2012, the SAO found non-competitive salaries were one factor impacting DFPS's ability to recruit and retain a quality workforce. CPS salaries were found to be 27% behind the market rate.<sup>n</sup>

Figure 9. 2015 Average Caseworker Salaries vs. Other Professions in Texas<sup>o</sup>



As illustrated in the Figure 9 above, for 2015, the average entry-level CPS caseworker position in Texas paid \$34,829<sup>a</sup>. In a national caseworker salary survey conducted by TexProtects, Texas ranked 35<sup>th</sup> in average compensation for caseworkers. Other professions recruit and lure caseworkers away from the department with more attractive salaries, including the teaching profession. Additionally, non-clinical social workers not employed by CPS in Texas earn an average salary of \$52,160 annually, while clinical social workers earn an average salary of \$68,170 annually,<sup>o</sup> many of whom may be interested in CPS casework if the salary was more competitive.

### Past Attempts to Address Salary: What's Working and What Isn't?

#### *What hasn't worked:*

**Merit Increases based on Tenure** – Previous attempts, implemented in isolation, to address inadequate salary have included one-time merit increases (either 3.4% salary increase or one-time merit bonuses ranging from \$500 to \$1,500 per year). Historically, merit increases were distributed at the end of fiscal years when surpluses arose in the

direct service delivery sub strategy from unfilled positions. In the 84<sup>th</sup> Legislative session, funding was appropriated for merit pay.

As of September 2016, over 2,200 merit bonuses of \$1,250 each have been awarded to DFPS staff. To qualify for a merit increase, employees must be in good standing and have a current performance evaluation. The performance evaluation has been shortened significantly after determining the previous length was too onerous for supervisory staff to complete. Currently, there is not a review process in place to ensure performance evaluations are conducted a fair and transparent manner.

Previously, merit increases have been provided based on tenure (in FY 2013 Q4 for example, merit pay was distributed to only those who had been with the agency for more than two years). A concern relayed from the field is that promotions upward on the career ladder make a caseworker ineligible for merit pay for six months following the advancement. For example, a caseworker who is promoted from a CPS Specialist II to a Specialist III, presumably based on good performance, is ineligible for a merit increase for six months following the promotion, to be “fair” to workers who were not promoted. Unfortunately, this logic does not align with the motivation of merit pay: To pay for improved performance.

Additionally, merit pay is not linked to improved outcomes for children and families in the system, but rather are tied heavily to quantitative measurements of timeliness of contacts, timely entry of documentation and timely submission of reports. Finally, allocations for merit pay are distributed based on the FTE (full time equivalent) count for a region or county, not by the proportion of top performers in a given region or county. We recommend that a regional and statewide dashboard be created to ensure merit pay is awarded to those who are truly top performers.

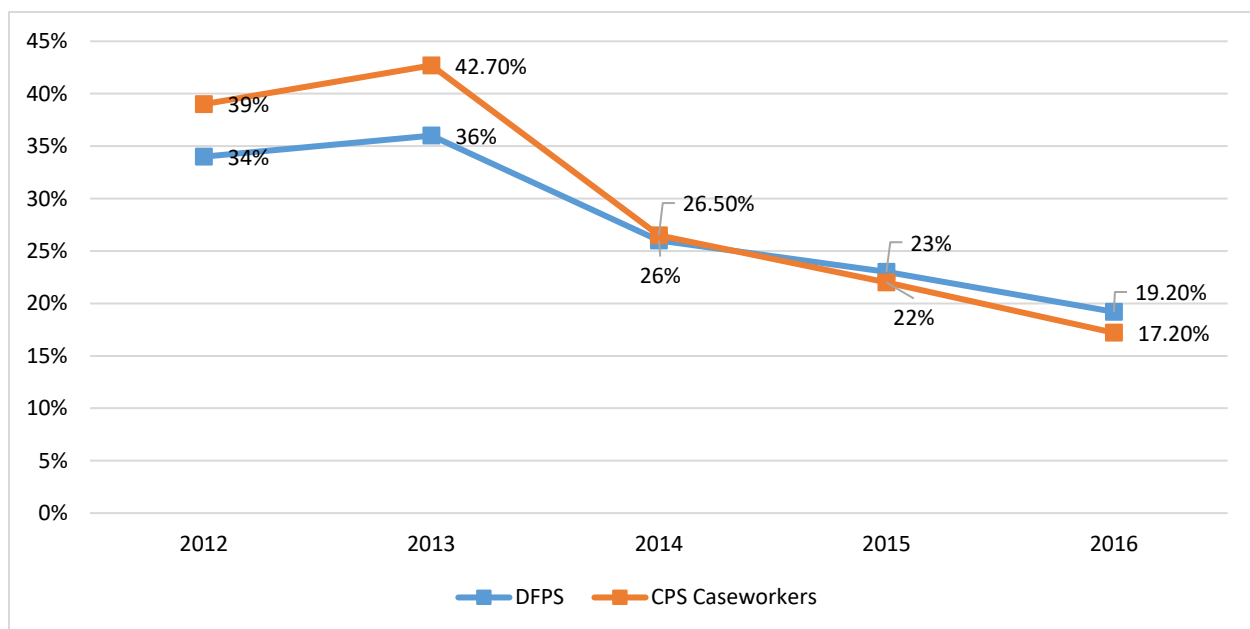
**Hiring Bonuses** – From September 2012 through December 2013, 43 CPS caseworkers were offered \$5,000 signing bonuses when hired. The majority of bonuses were offered in Region 9 (Midland-Odessa), an area of Texas where the spike of labor demand and resultant population influx from the booming oil and gas industry contributed to a higher than normal cost of living. Caseworkers who were offered bonuses were expected to work for CPS for at least one year. Beyond the hiring bonus, no other monetary supplements were provided during this timeframe in this region. Twenty-one percent of those who received the hiring bonus left the agency within their first year, which was higher turnover than those that were not offered a hiring bonus (15.9% turnover within the first year).<sup>f</sup>



**Overtime Payouts at 140 vs. 240** – In 2015, the 84<sup>th</sup> Legislature approved funding to pay out banked overtime for frontline caseworkers. Previously, caseworkers were required to accrue 240 hours of overtime each before they were compensated for any additional overtime accumulated beyond 240 hours. This one-time payout paid caseworkers’ overtime down from 240 hours to 140 hours. This one-time payout has not been evaluated to determine if it has had an impact on retention by individual workers, but again, the stubbornly high turnover levels subsequent to the payouts have not shown a meaningful aggregate reduction. This may be attributable to workers’ rationale that it’s not “extra” compensation but rather, being paid back what they’ve rightly earned.

**What has worked:** Currently, CPS caseworkers earn essentially the same statewide, regardless of the widely varying cost of living differences, workload or job market across the state. The exception is the Midland-Odessa region of Texas, which experienced high turnover and difficulty filling positions when the cost of living increased significantly in 2011 in relation to a boom in the oil and gas industry, driving up job market demand and cost of living in the region. After attempts to address vacancies through hiring bonuses, which were mostly unsuccessful in retaining caseworkers, DFPS implemented a locality pay premium of an additional \$1,200 a month supplemental to base pay for all employees in the counties identified with a high cost of living starting in 2014. Subsequently, turnover dropped from 42.7% down to 17.2% from 2013 to 2016 seemingly as a direct result of the supplement.<sup>9</sup>

Figure 11. Turnover in Counties Utilizing Locality Pay<sup>9</sup>



Cost of living varies throughout the state, as do competitive job markets. In major metropolitan areas like Austin, Houston, Dallas, Ft. Worth and San Antonio, not only is the cost of living greater, but the opportunity costs (job opportunities offering competitive pay) are much greater. DFPS should implement a market-driven, cost-of-living based salary differential across the state in an effort to reduce turnover in some of the hardest-to-staff areas of the state.

Other state agencies identified by the State Auditor's Office (SAO) with salaries behind the market rate and high turnover have seen reductions in turnover by addressing compensation. In a 2012 SAO report, DPS trooper salaries were identified as contributors to high vacancy rates and turnover. Salaries were identified as 43% below market rate. Over the last two legislative sessions, salaries for troopers have increased to keep up with the seven largest law enforcement agencies in Texas. Subsequently, turnover in the trooper position at DPS has been cut in half from 11.4% in 2012 to 5.6% in 2015<sup>n</sup> without any other variable offered to explain the significant retention increase.

### *Recommendations to Address Compensation*

#### **Market-Driven Cost-of-Living Salary Differential**

Based on the success of the Midland/Odessa locality pay, DFPS should implement a market-driven, cost-of-living adjusted differential compensation package for frontline caseworkers – increasing their annual baseline salary anywhere from 20%-32% to be on par with like professions. Compensation adjustment will be more reflective of local economies and will increase the pool of qualified applicants from which hiring specialists can choose, improving the level of experience, maturity, education and preparation for this rigorous, demanding job that also requires a passion to help others. The market-driven adjusted pay will also help retain those workers who are driven to leave for better paying positions elsewhere. In addition to addressing frontline caseworker compensation, salaries for program support positions should be adjusted to ensure pay disparity does not increase turnover in these critical DFPS roles. Based on TexProtects' 2016 analysis, a statewide, market-driven and cost of living adjusted salary package that includes additional workforce to reduce the turnover crises and reduce workloads would cost Texas approximately \$69 million annually, \$138 million for the biennium if turnover was reduced by 50% within the first two years of implementation, in line with average state employee turnover, as depicted in Figure 12, below.<sup>ii</sup>

Figure 12. Annual Cost to Implement Market-Driven Salary Differential<sup>ii</sup>

Targeted MMA	5-Year CPS Turnover Rate (FY11-15)*	Average Teacher Salary	Average Caseworker Salary (base)	Recommended Salary Increase	% of Workforce (FTEs)	Additional Baseline Salary Cost (Annual in millions)	Workload & Turnover Premiums of 5% plus Tax Impact**	Total Estimated Adjusted*** Annual Cost (All Funds)
<b>Frontline Caseworkers – INV, FBSS, CVS authorized</b>								
Dallas MMA	22.8%	\$52,735	\$39,824	\$13,000	20%(1,115)	\$14.5	\$2.7	\$14.3 million
Houston MMA	26%	\$51,873	\$39,300	\$13,000	18% (957)	\$12.4	\$2.3	\$12.3 million
Austin MMA	35%	\$50,829	\$38,917	\$13,000	6% (303)	\$3.9	\$ .758	\$3.9 million
San Antonio MMA	27.5%	\$52,391	\$39,318	\$13,000	10% (559)	\$7.3	\$1.0	\$6.9 million
<b>Total/Average Targeted</b>		<b>\$51,957</b>	<b>\$39,340</b>	<b>\$13,000</b>	<b>54% (2,934)</b>	<b>\$38.1</b>	<b>\$6.7</b>	<b>\$37.4 million</b>
Additional Cost for Remaining 46% of Workforce at \$8,000 or \$10,000 Salary Increase – 2,500 FTEs								\$26.2 million
Additional Cost for Supervisors (25% Salary Increase) and Program Director (20% Salary Increase) – 968 FTEs								\$13.4 million
<b>Subtotal for Salary Increase for Current Frontline Workforce and Supervisor/PDs (Statewide Coverage)</b>								<b>\$77.0 million</b>
Additional Cost for New Workforce with New Salary Standard - 589.5 additional FTEs****								\$40.9 million
<b>Subtotal Current and Additional Workforce</b>								<b>\$117.9 million</b>
Less Cost-Savings from 50% Reduction in Turnover								<u>\$36.8 million</u>
<b>Annual Grand Total All Funds</b>								<b>\$81.1 million</b>
<b>Annual Estimated GR Total</b>								<b>\$69.0 million</b>

## Figure 12 Notes:

\*Blended turnover rates from FY11-15 excluding rural counties Rockwall and Burnet

\*\* Includes 5% stipends for areas with high workloads, turnover, and estimated tax impact

\*\*\*Estimated annual cost adjusted for \$7.4 million in overtime pay estimated in major metropolitan areas. An estimated \$13.8 million is currently paid out in overtime annually.

\*\*\*\*Includes 339 new direct-delivery caseworker FTEs (with estimated vacancies of 211 – total request of 550) to be filled in Abilene, Dallas, Beaumont, Harris, Austin, & San Antonio and non-direct delivery program support FTEs of 250.5 (assuming 3.5% vacancy rate) of 76 regional supervisors, 101 regional unit support, 38.5 regional management, and 35 training/hiring.

## Calculations

The caseworkers working in highest cost-of-living (COL) differential regions would receive a market-driven competitive salary adjustment of \$13,000 per employee per year, which accounts for 54% of caseworkers. The 25% of caseworkers living in the next highest cost of living regions would receive a \$10,000 COL adjustment and the bottom quartile would receive an \$8,000 COL adjustment for total front-line caseworkers all funds increase of \$63.6 million annually. To alleviate salary compression, we increased supervisor salary by 25% and program director salaries by 20%. The total funding for the salary adjustments equate to \$77 million in all funds annually, but would be offset by savings from reduced turnover costs.

When including the additional staff requested by the department (adjusted to reflect projected anticipated vacancies) at the new salary standard and adjusted for average vacancy rates costing \$40.9 million per year, we forecast a grand total of \$81.1 million in all funds (estimated \$69 million in Texas General Revenue funds) annual cost for the COL salary adjustment for current and new staff. TexProtects forecasts a measurable drop in turnover as a result of these two initiatives alone.

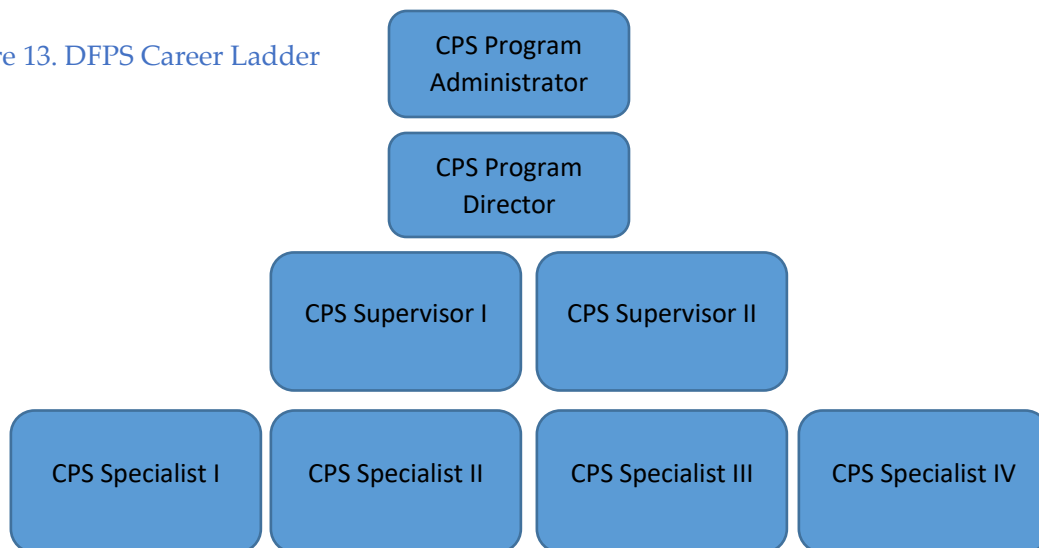
### Performance-Based Merit Pay

As noted, merit pay based on tenure in its current structure lacks transparency, does not incentivize caseworkers to improve work product and is not driven by the most meaningful performance: child and family outcomes. Merit pay should be structured in increments, so that top performers are rewarded substantially, while mid and low-range performers are given a smaller merit but also provided with goals upon which they can increase their merit pay in the future. Performance goals should emphasize positive outcomes for children and families, including low re-referral rates (cases being “closed” only to have the child re-reported as abuse continues) and low recidivism rates (children’s abuse being substantiated again after case closure or placement in state care).

### Career Ladder

The current career ladder (See Figure 13) for CPS caseworkers is based on retention within the first two years on the job, when workers are eligible for promotion from CPS Specialist II to CPS Specialist III, and a bump in salary, after receiving an adequate performance review and completing mandatory training.

Figure 13. DFPS Career Ladder

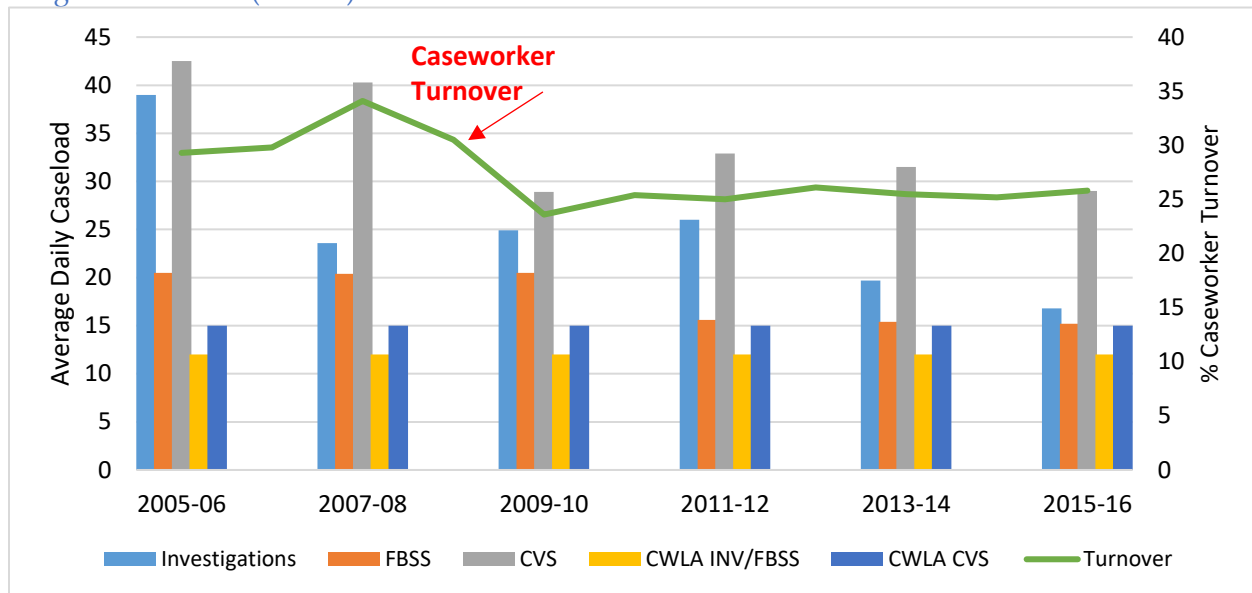


After three and a half years, opportunities for career advancement opportunities stagnate. The pay differential between a CPS Specialist IV caseworker and the next step up the ladder to supervisor is less than the loss in overtime that corresponds with the supervisory position: supervisors are ineligible to collect overtime as exempt employees. DFPS has yet to measure the amount of overtime supervisors submit on a weekly, monthly or annual basis. This inadvertently leads to less qualified and less capable candidates being promoted into supervisory positions and in turn, program director positions. The pay compression between caseworkers and supervisors can result in supervisors' compensation being the same as the staff in their charge. Similarly, pay compression between supervisors and program directors has resulted in approximately 42% of supervisors having salaries that fall within a program director range. While retention within the first 9 months to 18 months for frontline caseworkers is an acute concern that must be addressed, any compensation solutions must note that supervisors and program directors are the backbone of stability at CPS, and most especially the supervisor. Greater focus needs to be placed on developing career ladder compensation increases for management and the corresponding increased responsibility.

### Caseloads

High caseloads at CPS drive both high turnover and poor outcomes for children. Both the SAO and DFPS exit surveys indicate that unmanageable workloads are a key contributing factor in turnover. To ensure equitable caseload distribution, DFPS must accurately measure, track and report the average daily caseloads of caseworkers; specifically, the daily average of cases for caseworkers who are case assignable and carrying a full caseload. To date, DFPS reports average daily caseloads by type of worker for the state and by region. Regional data can be highly variable, especially when a region encompasses both urban and rural jurisdictions.

Figure 14. Caseloads by Stage of Service 2005-2015 and turnover compared to the Child Welfare League of America (CWLA) recommended maximum caseloads.<sup>7</sup>



How the state measures caseloads underestimate the true workload. In one formula, the department has added up the overtime of caseworkers to create “fictive workers” or FTEs to artificially inflate the number of workers in the denominator of the equation, making caseloads appear smaller. The formula also includes DFPS staff that do not carry cases such as child placement unit (CPU) workers.<sup>5</sup>

Standard case count consistently includes caseworkers who carry partial workloads. Caseworkers that carry partial workloads could be on extended leave or vacation. Caseworkers on extended leave or vacation should be excluded from daily average caseload calculations altogether. Many workers could have a partial workload because they are newly hired caseworkers carrying one-third of a caseload. Currently, newly hired caseworkers (between 98 and 128 days of service) are counted as .5 of a caseworker instead of .33 of a worker. While a seemingly minor difference, the calculations become significant when considering the large size of the trainee workforce at any given time due to high turnover.

Lastly, the formula for how we measure cases currently varies from different stages of service. The standard formula does not consider the complexity of each case, the children and their needs or the number of caregivers involved. In the investigation (INV) and Family Based Safety Services (FBSS) stages, caseloads are counted by family only, even though each family may have 1-10 children.

Because of the complexity and child-specific tasks associated with children in foster care, caseloads for Conservatorship (CVS) workers are counted by children plus one caregiver, typically the mother. However, this often underestimates the true case count. Take for example a family consisting of three children, which would count as four cases (three children plus one caregiver). Yet, each child may have a different father each and each father may have another wife or live-in girlfriend, each who has another child from a previous relationship. All the adults with access to the abused child and the abused child's siblings must all be assessed for safety, but these additional nine individuals do not figure into the caseload count. Regardless of how many biological parents, caregivers or other children are involved in the case, this case is counted as four cases. The number of families and children with which one Conservatorship worker could be dealing varies significantly. This is further exacerbated if the children have complex needs or are placed out of region, requiring the caseworker to travel for extended periods of time to make contact.

For Investigative, Family Based Safety Services and Conservatorship caseloads, managing caseloads by their complexity can play a critical role in ensuring child safety and reducing child fatalities in open cases. Fifteen percent of abuse and neglect fatalities in 2015 occurred in cases that were actively open to CPS at the time of the child's death.<sup>e</sup> DFPS does not report caseload data on child fatalities, so it is not clear whether high caseloads contributed to missed intervention opportunities with these families.

Zip code level geo-mapping, completed by TexProtects in 2015,<sup>t</sup> has identified the highest-risk zip codes in Texas where the largest rate of child maltreatment substantiations, child fatalities, teen pregnancies, substance abuse admissions and child poverty are occurring. Caseworkers in areas at highest risk for child fatalities must have caseloads that fall in line with national best practice standards, as these high-risk cases are often the most complex cases and require the most time of a worker.

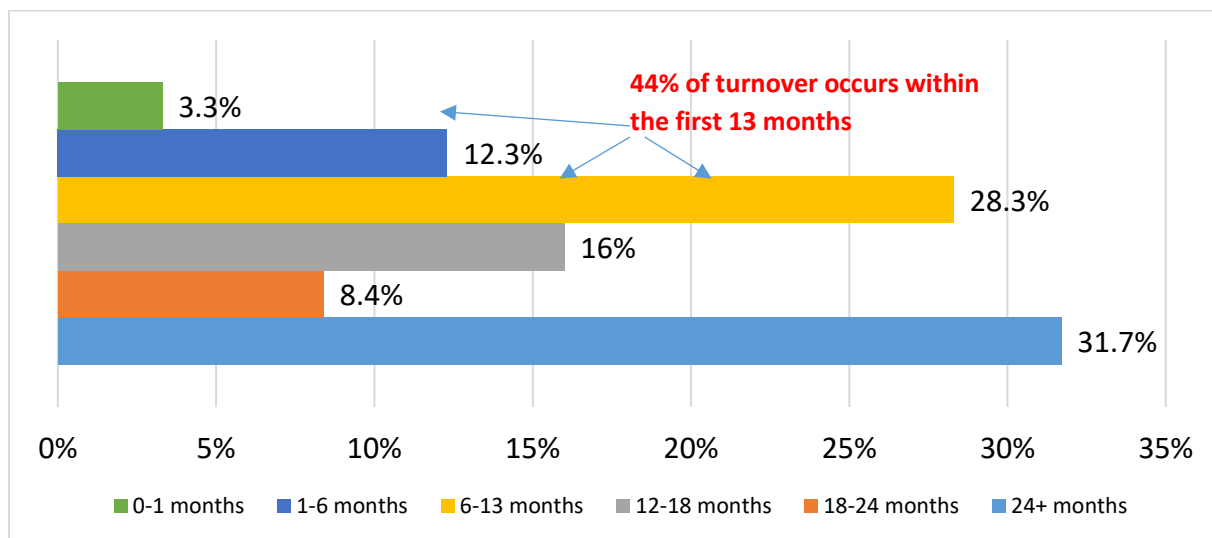
It also is imperative to note that caseworker turnover has a crippling effect on caseloads for existing workers. When a caseworker leaves the agency, their caseload is distributed to remaining caseworkers, whose caseloads are already two-three times nationally accepted standards. These caseloads are often referred to as "abandoned caseloads." On a positive note, DFPS has contracted non-critical hiring tasks so that hiring specialists can focus more time on recruiting and interviewing. While the time to recruit, interview, hire and onboard a new caseworker has been reduced 31% since 2014 from 65 to 45 days, the departed caseworkers' abandoned caseloads fall on the backs of already overburdened caseworkers. However, filling an open position doesn't translate

into a worker ready for case assignment: There is much more time needed to train, mentor and transition a new caseworker into carrying a full workload, which can take 6-9 months on average.

### Past Attempts to Address Caseloads

Previous attempts to address high caseloads at CPS have focused entirely on hiring more caseworkers by filling vacancies at a rapid pace. Hiring fairs focused on recruiting mass numbers of caseworkers, sometimes 30-60 new hires in a day, have not yielded better results in terms of retention. Forty-four percent of turnover is caseworkers within their first year on the job.<sup>f</sup>

Figure 15. Turnover by Tenure for 2015<sup>f</sup>



### Recommendations to Address Caseloads

Utilizing historical turnover data can help in forecasting when turnover is more likely to occur. Certain positions and certain areas of the state are more prone to high turnover than others. Allowing DFPS authority to hire based on projected and current vacancies, properly implemented, will result in the timelier replacement of caseworkers so abandoned caseloads are immediately assigned to an incoming replacement worker. This caseload management or “just-in-time” replacement hiring ahead model successfully reduced turnover in Dallas from 46% to 27% and the time to replace those workers dropped from an average of 2+ months to an average of two weeks.

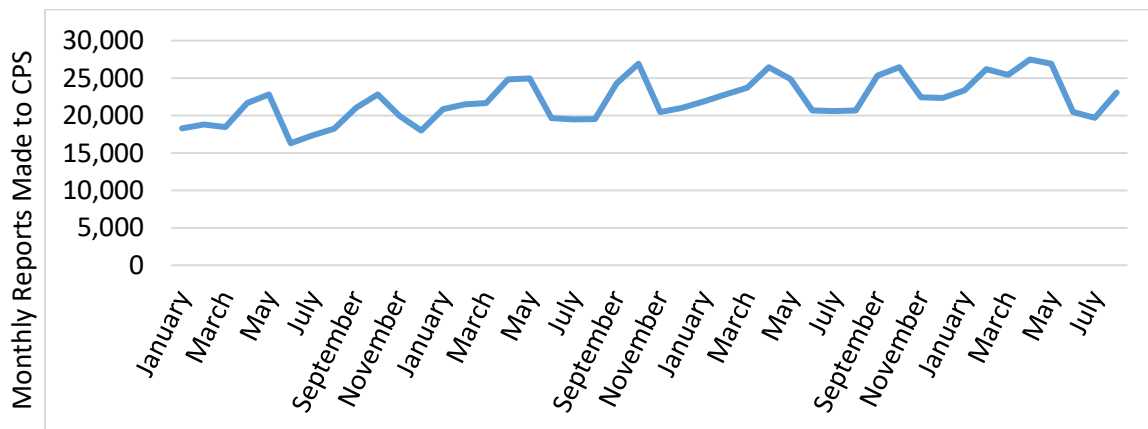


Currently CPS has approximately 18 Master Investigators whose primary job duties are to respond to areas of the state that are in a staffing or caseload crisis. Master Investigators are a CPS Specialist V position and on average have more than five years of tenure. Expansion of this program to include part-time positions, including recruitment of those who have left the agency in good standing, will further strengthen CPS's response to short-term staffing crises and create a Rapid Response Reserve Guard.

We recommend that hiring specialists and trainers in the caseworker training academy should be incentivized to hire projected "high retention" staff rather than being evaluated based on simply filling vacant worker positions. Especially given the new competitive salary for caseworkers, hiring specialists and trainers can be more selective in hiring staff or passing trainees out of the academy to improve quality of the workforce.

Also, DFPS should develop a hiring plan that incorporates the quarterly fluctuation of intakes. After reviewing four years of child abuse and neglect intake monthly numbers, it has been identified that intakes sharply increase twice a year, in the spring and in the fall. We believe that these spikes in reports result from teaching professionals reporting child maltreatment when returning to school in the Fall from summer break and making final reports in the Spring prior to the Summer break. Because it can take upwards of nine months for a caseworker to be fully case assignable from hire date to carrying a full workload, it is recommended that CPS began hiring to reduce 1<sup>st</sup> quarter caseloads in the 2<sup>nd</sup> quarter of the year prior. DFPS should analyze turnover and intake data to develop a formula for the number of positions needed to account for intake surges.

Figure 16. CPS Seasonal Intake Variation 2013-2016<sup>ij</sup>



## Education

The Child Welfare League of America and the Council on Accreditation of Child and Family Services recommend that child welfare workforce have a minimum Bachelor's degree in Social Work (BSW) and highly recommend workers be educated with a Masters in Social Work (MSW) for adequate preparation and education for child protective services work<sup>f</sup>. Frontline caseworkers' level of education and experience can be an essential component to their success in providing best-practice, trauma-informed decisions and services in attaining best outcomes for children and families<sup>f</sup>. An overwhelming number of states require a social work or social science Bachelor's degree for entry-level child welfare investigator positions; many states require a minimum MSW for CPS casework. This trend was previously identified by the Casey Foundation in 2013.

Until 2016, DFPS's educational requirements for caseworker positions required a minimum of a Bachelor's degree (in any field). From legislation in 2007, the department was directed to focus recruitment efforts towards those with Bachelor's degrees in human services (psychology, sociology, teaching, child development as well as social work). In April 2016, DFPS relaxed the requirement of workers to have earned any Bachelor's degree and is now allowing a combination of 60 college credit hours and two years of relevant work experience as a substitute for a Bachelor's degree.

Social workers (both BSW's and MSW's) have been found to be better trained, better suited and self-selecting into the most difficult human service field and dealing with horrific child and family violence and severe neglect. One study showed that social work education is positively correlated with a caseworker's longevity in the child protection system.<sup>v</sup> A study of Texas CPS caseworkers found that both BSWs and MSWs are better prepared but that individuals with an MSW often are employed longer than those with a BSW – they may be more likely to advance to administrative, supervisory or managerial positions and therefore often have longer tenure.<sup>v</sup>

Furthermore, a lack of skilled professionals (often defined as social workers) has been directly correlated to higher turnover.<sup>w</sup> For example, turnover in states that require a BSW or MSW for caseworkers were found to have an average 8% lower turnover rate (15% vs. 23%) compared to states that allow an individual with any bachelor's degree.<sup>w</sup>

### *Recommendations to Address Education*

We recommend that DFPS move toward a goal of developing a workforce consisting of a minimum 65% Bachelor's-level social workers and 25% Master's-level social workers with the balance in 10% exceptional applicants from other human services fields (criminal justice, psychology, child development). To accomplish this, DFPS must ramp up partnerships with social work schools in Texas and most importantly, they must maintain the adjusted salary be competitive with the social work degreed market. Additionally, DFPS should consider hiring back former high-level, tenured social workers who departed voluntarily in good standing on a part-time basis to serve as mentors for new caseworkers, supervisors and program directors (in addition to the Rapid Response Reserve Guard, noted above).

### **Secondary Traumatic Stress & Burnout**

Secondary Traumatic Stress (STS) and burnout are both considered to be occupational hazards for child welfare workers.

STS occurs when “problematic behaviors and emotions ... result from the direct knowledge of a traumatic event experienced by another.”<sup>x</sup> The symptoms of secondary traumatic stress are often the same symptoms experienced by the direct victims of trauma, including increased fatigue or illness, feelings of re-experiencing of the event, having unwanted thoughts or images of traumatic events, anxiety, excess vigilance, social withdrawal, reduced productivity, feelings of hopelessness, despair, nightmares, avoidance of people or activities, or persistent anger and sadness.

The effects of secondary traumatic stress may also include the caseworkers' changes in feelings of safety, increased cynicism, and disconnection from coworkers and/or loved ones. In the workplace, STS has been associated with higher rates of physical illness, greater absenteeism, higher turnover, lower morale, and lower productivity. Those experiencing STS may have difficulty sleeping, overeating, or use too much alcohol, have anxiety for their own children and irritability toward their colleagues and family. Exposure to terrible knowledge about inhumane treatment of children often forces staff to re-examine their assumptions about religion, God, families and life itself.

The risk increase correlates directly with the individual's length of time and depth of exposure to traumatic events.<sup>y</sup> Those professions with highest levels of secondary traumatic stress include law enforcement, sexual assault counselors, emergency

response workers, therapists, substance abuse counselors and child welfare workers. Child welfare professionals, specifically, are more likely to develop symptoms associated with STS when compared to all other behavioral health professionals.<sup>z</sup>

According to research, several contributing STS risk factors identified for those in helping professions include: those who have experienced a personal trauma, have high caseloads (particularly trauma-based cases), lack a supportive social or familial system, or lack adequate training for the position.<sup>aa</sup> In addition to STS, burnout is associated with non-traumatic work-related stressors<sup>z</sup> including heavy caseloads, long hours, and lack of supervisor support to name a few. A national study found that child welfare workers frequently reported burnout when compared to other health professionals.<sup>bb</sup>

### *Recommendations to Address Secondary Traumatic Stress & Burnout*

HHSC has an Employee Assistance Program (EAP) in place to support caseworkers if they experience a need for issues such as STS. In addition to this, DFPS has created an Office of Worker Safety, to provide support and debriefings after critical incidents occur. Additional on-site supports need to be integrated into day-to-day program work, like those occurring at State-wide Intake (SWI), to address the more chronic, ongoing stress associated with case work including supplements to the already existing EAP program and by providing caseworkers with more wellness supports like decompression rooms and monthly on-site counselors available<sup>kk</sup>.

### **Supportive Supervision**

The supervisors who oversee a unit of CPS staff play arguably the most critical role in the agency and certainly, in the development of CPS caseworkers. Supervisors are responsible for the decisions of 6-8 caseworkers in their charge plus one human service technician and one administrative assistant. The supervisor must read each of their worker's case files including the "narrative" and all computer files (which span 12-100 pages per case) for every case. With workers carrying 30-50 cases each, the supervisor is responsible for a range of 180-400 cases at any given time. This is an enormous responsibility. Supervisors are the "Platoon Sergeant" of the department. Supervisors are promoted from the ranks of caseworkers having intimate first-hand knowledge of the work for which they are responsible. Generally, a caseworker should have five years of front-line experience before being considered for promotion to supervisor.

With high turnover of both workers and supervisors, CPS has promoted workers with as little as two years of experience to supervisors. These new supervisors are thrust into the ranks of management with very little training but enormous expectations and responsibility. About 40% of CPS frontline workforce consists of caseworkers that have been employed with the agency for less than two years<sup>g</sup>, which translates into untenured supervisors managing new and unformed caseworkers. It's understandable that the mandates coming down from state office result in stressed program management pressuring stressed supervisors pressuring stressed caseworkers for more timely performance and record-keeping while being crushed by impossible-to-manage caseloads. "Poor supervision" or issues with a supervisor are cited every year as one of the top three reasons caseworkers leave their jobs at CPS<sup>l</sup>, which is less a function of lack of training and more a function of promotions to levels that are not commensurate with experience in the field and time with their own departed supervisor. Turnover amongst supervisors has risen, from a steady 6% over the past few years to 9% in 2015<sup>f</sup>, resulting in a less tenured supervisory workforce. As new initiatives are implemented at DFPS, the supervisory role has expanded and their job duties have increased. Caseworker mentors provide the majority of field-based development for new employees, however, supervisors are required to create competency plans and ultimately evaluate a new employee's progress in training, creating additional work for supervisors. Currently, caseworker-to-supervisor ratios range from 6-8 caseworkers to one supervisor.

### *Recommendations for Supervision*

- Lower ratios to nationally recommended standards of five caseworkers to one supervisor to allow for more hands-on, supportive supervision of frontline staff.
- Addressing caseworker turnover via the recommendations noted above (salary increase, Just-In-Time replacement, secondary traumatic stress support, supportive supervision and assigning seasoned mentors) will provide more tenured workers from which to promote to Supervision.

## Stage-Specific Considerations

### Statewide Intake (SWI)

Statewide Intake (SWI) serves as the initial processing division in which all reports of abuse, neglect, or exploitation for the DFPS are handled. This includes Adult Protective Services (APS) and Child Care Licensing (CCL) as well as CPS. SWI is responsible for several tasks including (a) answering phone calls and other communications alleging abuse, (b) assessing reported information in conjunction with state statutes and DFPS policy, (c) identifying the appropriate DFPS division with the jurisdiction to investigate the report, (d) inputting the information to the IMPACT computer system, (e) overseeing the completion of abuse and neglect reports, and (f) serving as a referral center for the DFPS.

In 2015, there were 781,935 reports made to SWI, 78% of which were made through the abuse and neglect hotline<sup>a</sup> (see Figure 17). For CPS cases, SWI prioritizes incoming calls based on the associated risk to the child. Priority 1 (P1) investigations include children who are at higher risk for maltreatment. Priority 2 (P2) investigations include all other abuse and neglect that rise to the statutory definition of maltreatment and warrant an investigation.

Figure 17. Six-Year (2010-2015) Trends of Statewide Intake<sup>a</sup>

Years	Number of Contacts* to SWI	Number of Reports of CAN**	Average Wait Times by Minute***	Number of Abandoned Calls****
2010	748,278	264,450	8.9	179,265
2011	780,023	255,514	7.3	150,922
2012	773,580	241,428	8.5	169,482
2013	731,156	229,334	8.1	149,192
2014	769,905	254,237	6.5	124,929
2015	781,935	274,448	8.2	150,741

Note. Data from this table were obtained from DFPS.

\* Contacts include calls, faxes, online reports, emails and correspondence received by SWI pertaining to any and all divisions under DFPS

\*\* Reports of child abuse and neglect (CAN), including calls, online reports, faxes, emails and correspondence received by SWI

\*\*\* English Queue

\*\*\*\*Calls made to the SWI Hotline (all queues) pertaining to any and all divisions under DFPS which were abandoned

Statewide Intake has made positive strides in recent years, but still has remaining challenges that need to be addressed to improve workforce stability and efficacy.

On the positive side, SWI has significantly reduced its overall turnover by 23% in the last four years, from a high of 24.7% in 2009 to 19.1% in 2015.<sup>a</sup> To address turnover, a retention steering committee was established. One initiative resulting from this committee was a telecommuting provision.

Moreover, the committee addressed an inherent problem looming over all DFPS front-line staff: Secondary Traumatic Stress (STS) Disorder. As discussed above, STS results in workers re-experiencing the abuse they've witnessed, leading to sleeplessness, chronic fatigue, hypervigilance, high startle response and an overall feeling of anxiety and irritability. SWI implemented a worker support program to help employees experiencing STS symptoms. By utilizing the *Employee Assistance Program*, available to all DFPS employees, SWI set up a monthly debriefing specialist schedule which is available on site to Intake Specialists.

Next, SWI has also partnered with an Austin-based network of therapy dogs to visit throughout the week with Intake Specialists, which have been shown to lower blood pressure and improve stress management. They have also partnered with a local massage therapist to provide discounted massages at different times throughout the week and a wellness committee that coordinates discounted, healthy meals. Proceeds from the discounted meals are used to fund events for the staff.

Additionally, in 2015, SWI benefited from a collaboration initiated by the Child Advocacy Centers of Texas (CAC-TX) to better coordinate investigations with law enforcement agencies, Child Protective Services, and Child Care Licensing. This new initiative links 50 child advocacy centers and 260 law enforcement agencies by providing intake information in real time from DFPS. This collaboration allows law enforcement agencies and child advocacy centers to become involved in an investigation sooner when it meets their criteria for investigation. There are multiple benefits to children and families having their case handled by Children's Advocacy Centers (CAC). CACs co-house expert forensic interviewers, law enforcement, senior level CPS Investigators, and therapists under one roof to better serve the child and eliminate the difficulties of navigating the various systems after abuse has occurred. Often, district attorneys and medical staff are also co-housed under CACs. The

partnership between these systems yields positive outcomes for children and their families.

We recommend that DFPS work toward transforming all stand-alone CPS offices into the CAC model for all abuse cases.

On the down side for Statewide Intake, from 2014 to 2015, the average length of reporting wait times (being placed on hold while phoning in an abuse report) increased from 6.5 to 8.2 minutes.<sup>a</sup> Call wait times must be controlled to minimize high abandonment rates. One consistent concern is that there are not enough SWI Specialists to manage the large number of calls, thereby creating long hold times. The top reporters of child abuse are school professionals, medical providers and law enforcement. It is understandable that a teacher rushing between classes or an emergency room doctor or an officer on his beat may not be able to hold for 8-9 minutes to make a report. The concern is that these professionals will not only abandon the call due to other pressing needs in their midst, but may also be less likely to call back after experiencing a long wait time. There is no system in place for SWI to call back an abandoning reporter and capture information about the allegedly abused child. SWI does have an on-line reporting alternative – yet, the complexity and length of the on-line tool is substantially more time-consuming than the hold and reporting time frame. The current system inherently increases the chances of maltreatment going unreported and children left at risk of abuse, imminent danger or continuing to experience maltreatment.

Additionally, the growing Spanish-speaking population in Texas emphasizes the need for more bilingual employees at SWI. Statewide Intake received roughly 20,000 Spanish speaking calls in 2015, with an abandonment rate of 40.5%. In response, SWI has developed their bilingual workforce from five staff in 2009 to almost 25 in 2015. However, bilingual SWI staff do not qualify for a bilingual stipend frequently provided to other field employees at DFPS. This could be a disincentive to attract and retain bilingual staff to this position.

### *Recommendations for Statewide Intake*

- Hire additional SWI workers to stay ahead of the annual increase in reports above the child population growth to reduce average wait time.



- Develop an “opt in” call-back system for abandoned callers that de-identifies SWI and makes it safe for callers to receive returned calls.
- Consider offering a stipend for bilingual workers to compete in the bilingual market and to retain these staff members.
- Streamline the online reporting tool to capture the key information so that SWI can more efficiently assign cases to the field for investigation.

## CPS Investigations

An investigation occurs when a report is made to CPS and subsequently, the case is assigned an Investigative caseworker. The key objective of investigations is to determine if a child has been abused or neglected. It is during this critical time when Investigative caseworkers make decisions to ensure the child(ren) is safe and decide whether the parent is capable and willing to address the identified safety threat(s).

### Current Issues

Investigative Caseworkers (interchangeably termed “Investigators,” not to be confused with “Special Investigators” who do not carry cases) make up the largest proportion of CPS caseworkers. In 2015, there was an average of 2,133 filled, fulltime equivalent (FTE) positions.<sup>a</sup>

Among all types of frontline caseworkers at DFPS, turnover is highest among Investigative caseworkers. Investigator turnover in 2015 was at 32.7%<sup>a</sup>, compared to 21.5% for Conservatorship workers. Investigations are initiated around the clock, requiring Investigators to often work into the evenings and on weekends. Some parts of the state have Investigators allocated to handle new investigations at night and on weekends, while other areas utilize on-call duty. The 24-hour nature of investigations can often lead to burnout amongst caseworkers. In fact, many exiting caseworkers have noted a lack of work-life balance and neglecting their own children due to the demands of the position as contributing to voluntary separations. In an exit survey completed in 2015, departing caseworkers noted that inequitable distribution of cases – some receiving 4-5 new investigations in one day and carrying a range of cases from 16 up to 50+ cases per worker– and the difficulty in establishing personal time for their own families as the reasons for leaving.<sup>m</sup> Best practices show that an Investigative caseworker should have no more than 10-12 cases of open investigations at a given time while being assigned an additional 2-3 per week.

DFPS could identify the areas of the state where daytime and after-hours intakes are most prevalent to ensure that the appropriate staff are exclusively allocated to work these cases. Additionally, the after-hours, night response workers could also triage the evening cases and then pass the investigations on to day staff, similar to what is in current best practice in the Dallas-Fort Worth area and its contiguous counties.

As part of SB6 in 2005, the Legislature appropriated funding to hire additional CPS Investigators to address high caseloads and delayed response times to reports of abuse and neglect. Thus, CPS was able to improve their response times. Top Priority cases (P1) ranked cases require a 24-hour response time and immediate response if a child is in “imminent danger.” The specific change in law was the second priority (P2) ranked calls, where the required response time after a report was reduced from 10 days to 72 hours. Compliance with the 72-hour timeframe varies across the state and can be significantly impacted by factors including (a) turnover, (b) high caseloads and (c) inequitable case distribution. Caseworkers’ performance reviews and merit pay is tied to compliance with meeting the 72-hour response timeframe. Compliance with the timeframe also impacts performance reviews of all CPS management levels above caseworkers. Currently, a caseworker’s performance review is heavily dependent upon measures of a caseworker’s “currency” or compliance with contact timelines, including attempted contact. More useful would be including reports that track children who have received no contact at all, even though their performance review rewards “attempted contacts.” Yet, reports of actual vs. attempted contact is not utilized in current DFPS performance reviews. Additionally, the DFPS data book reports regarding timeliness of contact still include attempted contacts. The inability to discern those cases – those victims who have not received a visit versus those who have – can often make it difficult for supervisors, higher management, stakeholders and the Legislature to determine if child’s safety has been ascertained. Thus, response time reporting metrics need to differentiate between cases with and without visits. The 72-hour response to P2 cases is also critical in that many statewide intake workers may err in ranking a call. If a caller does not have direct knowledge of the extent of abuse they suspect, an alleged abuse case ranked P2 may well rise to a Priority 1 case once the workers are on the scene assessing the abuse allegation.

### *Recommendations for CPS Investigations*

- Increase compliance with the 24- and 72-hour initial response timeframe.
- Report publicly, in an annual format, compliance with face-to-face contacts, excluding attempted contacts. Report this statistic at a county level.

- Incorporate children missing an initial contact into performance evaluations
- Allocate FTEs in areas where there is an identified need for a night response unit
- Allocate FTEs in zip code level areas where confirmations of abuse and neglect and child fatalities are high

## Records Retention

One critical task Investigators must complete for every investigation is a family history review for prior DFPS involvement. This involves reviewing past reports on all the family members involved in the current investigation. This history can often impact a caseworker's decision making, especially when choosing to place abused children with a kinship caregiver. DFPS's current records retention policy is resulting in the loss of significant and relevant data that is a critical tool for caseworkers during their decision-making process. In accordance with current policy, most unsubstantiated investigations will be purged within 18 months of their closure date. In fiscal year 2015, 65.8% of all completed investigations were given a disposition of "Ruled Out."<sup>a</sup> The information provided in these referrals, regardless of disposition, are valuable for caseworkers in assessing maltreatment trends within a family. "Ruled Out" or unsubstantiated cases does not infer that abuse or neglect did not occur. This disposition denotes that the maltreatment described in the report was not evident at the time of the initial investigation. (This could be a case of welts or bruises healing by day 5 for cases that are not compliant with the 72-hour P2 time frame).

For example, if an Investigator feels that a P2 case assigned for investigation appears to be vague, she may initiate a cursory investigation including calling "collateral" contacts made in the report (especially if she is overwhelmed with P1 cases) and she may choose to close the case administratively with supervisory approval since she doesn't see any history of the alleged abuser. However, if there were previous reports on this same case, the worker may take this case more seriously and conduct a face-to-face investigation.

Of note, a report to CPS is one of the strongest variables in predicting a child fatality.<sup>cc</sup> There have been several child fatalities identified where multiple reports were made concerning children with prior CPS involvement. Many of these cases were found confirmed for abuse or neglect by CPS yet closed leading up to the death.<sup>e</sup> An unknown number of calls may have been made that were subsequently ruled out and purged where a child died from maltreatment.

Additionally, reports made from mandated reporters often contain valuable information regarding child maltreatment and are more likely to assist in substantiating a case. Law enforcement, school professionals and medical professionals frequently represent the majority of professional reporters; in fact, about 24% of substantiated abuse incidents of the 160,240 completed investigations in 2015 were from professional reporters.<sup>a</sup>

### *Recommendations for Records Retention*

- For Investigative caseworkers to adequately assess risk, especially in triaging and handling multiple priority cases, we recommend extending retention of “unsubstantiated” reports from 18 months to five years.
- Also, we recommend extending retention on reports made to SWI not opened for investigation from six months to 18 months.

### **Parental Child Safety Placements**

When an immediate safety threat is identified in an investigation, parents have the option to voluntarily place their children in a short-term temporary placement with a relative or family friend while they work on their safety plans to reduce the threats. This process is referred to as a Parental Child Safety Placement (PCSP).

PCSPs are intended to be short term placements, intended to last no longer than 90 days. PCSPs are completed by Investigative and FBSS caseworkers in their respective stages. Formal kinship placements are typically intended to be longer than 90 days and are always initiated from a Conservatorship stage of service. Kinship caseworkers can only be assigned to a Conservatorship case once DFPS has temporary conservatorship of a child. Because PCSPs are short term, voluntary placements that do not impact Conservatorship, Kinship stages cannot be created nor can a Kinship caseworker be assigned.

Given that PCSPs do not involve the state’s temporary conservatorship, they do not offer the same benefits that a formal kinship placement offers. There are, however, PCSPs that eventually do require legal intervention. When a child is in a PCSP and is unable to be safely returned to their parents, either because the parents have not engaged in services and reduced safety threats and/or absent, and the PCSP caregivers are unable to seek legal custody on their own, DFPS can seek legal intervention by filing for conservatorship of the child, either while the child remains with a PCSP or to place the

child in foster care. Often, this happens at 45-60 days into an investigation, or at the conclusion of an FBSS case, which is typically six months. CPS should identify those PCSPs that meet the criteria for legal intervention as soon as possible, and transition the case to a Conservatorship caseworker and ultimately formalize the kinship placement while the parents continue to work the services required for reunification. For those PCSPs which are identified as short-term and where risk of abuse is “controlled,” investigations should transition the case to Family Preservation, known as Family Based Safety Services (FBSS), as soon as possible (more on FBSS stage, below).

Formal kinship placements qualify to have a Kinship caseworker assigned to help support their family. If the kinship caregivers work full-time, they also qualify for child care and a minimal subsidy (one-time \$1,000 integration payment for one or a group of children and annual subsidies of \$500 per child) to help offset the everyday costs of caring for children, such as clothing, food or school supplies. PCSPs, however, do not receive these supports.

### *Recommendations for PCSPs*

- For those PCSPs where medium term kinship placement is not a goal or option, identify and transition investigations with PCSPs either to FBSS or Conservatorship within the first 30 days whenever possible. When a medium-term kinship placement is initiated, the Investigative caseworker should refer the family to the next stage of service and begin transition planning with the FBSS or CVS caseworker, rather than waiting until the conclusion of an investigation in 30 or 45 days.
- Provide integration payments for these voluntary PCSP caregivers to facilitate and support placements’ concrete needs and child care if the caregivers work fulltime.

### **Structured Decision Making**

During fiscal year 2015, CPS implemented the Structured Decision Making (SDM) Safety Assessment and Risk Assessment tools to guide and support Investigative caseworkers’ decision-making. This tool replaces the previous 24-hour safety assessment and risk assessment and adds a more intuitive, family-centered approach developed to assist in the reduction of risks associated with re-abuse.

SDM was gradually rolled out throughout 2015 and is now being implemented statewide in Investigations. This tool will be introduced in Family Based Safety Services and Conservatorship stages of service by 2017. The SDM tool for Family Based Safety Services (FBSS) includes a re-assessment tool meant to assist FBSS staff in determining whether it is safe to close a case based on risks that have already been identified. The SDM tools for Conservatorship include the Family Strengths and Needs Assessment (FSNA) and the Family Reunification Tool (in determining whether a child is safe to be reunited with their parent[s]). DFPS plans to also evaluate the efficacy of the SDM tool through recurrence measurements and quality assurance case readings in the future.

### **Alternative Response**

Alternative Response (AR), also known as “differential response,” is a more recent service that offers services immediately to P2 cases involving children ages 6 and under. Families that enter the AR track receive community resources tailored to fit their specific needs and strengths. Before the 83rd legislative session (2013), differential response was used in Priority None (PN) and P2 investigations that were closed at intake to provide a less adversarial method for families perceived to be at lower risk for harm.

As of July 2016, Alternative Response has only been implemented in Regions 1, 3 and 11. Additional FTEs were not allocated in the 83<sup>rd</sup> or 84<sup>th</sup> legislative sessions for Alternative Response cases. DFPS management planned to transform existing Investigative units to AR units after receiving AR training. Statewide rollout was targeted for Fall 2016, however, due to Investigative staffing shortages across the state, the roll-out has been delayed indefinitely.

Based on the many positive AR outcomes shown in Kentucky, Oklahoma and Tennessee in reducing recidivism or “re-abuse” of children compared to services as usual, Texas is not realizing the benefits of Alternative Response, which could also help reduce the backlog of investigations.<sup>dd</sup>

### ***Recommendations for AR***

- Tenured staff should be trained in AR and units allocated to exclusively work alternative response cases.
- Alternative response should be rolled out statewide for the benefit of families and to help ameliorate the enormity of referrals assigned to investigations.

## Geographical Case Distribution

Almost half of all CPS investigations and children in foster care are concentrated in only five counties. Of 254 Texas counties, 42% of investigations and 42% of children in foster care occur in<sup>a</sup> Dallas, Tarrant, Bexar, Harris and Travis. Each of these high-density population counties holds more than one office, which are geographically distant from one another. This structure was created to focus caseworkers in a catchment area in the North-South or East-West centers of the counties to maximize caseworker efficiencies: Reduce worker travel time to homes and related expenditures; strengthen relationships with the community in which they serve, including local law enforcement “beats” and schools. This design maximizes caseworkers’ time with children and families and improves outcomes via more accessible information gathering. However, not all counties are capitalizing on this structure of efficient geographic “case distribution.”

Caseworkers should be assigned to local geographical areas. Utilizing zip code risk mapping<sup>f</sup> can assist in identifying the high-risk case areas in the state where additional CPS caseworkers are needed. Zip code risk mapping has been useful in identifying which zip codes are experiencing a larger nominal number and rate of child maltreatment substantiations and child abuse fatalities. Allocating additional caseworkers to these areas, especially those with tenure and expertise, and ensuring their caseloads remain low, will ensure we are targeting quality interventions to the areas most at risk. These assigned caseworker “beats” can also include assignment flexibility in the event of an unanticipated spike of cases in contiguous areas.

### *Recommendations for Case Distribution*

- In major metropolitan areas, implement geographical case distribution
- Identify areas by zip code level where there are higher incidences of child maltreatment and concentrate caseworkers accordingly
- Ensure caseloads in the highest risk areas of the state remain low

## Family Based Safety Services (FBSS)

Except where parents are unable (i.e. incapacitated or incarcerated) or unwilling to change behavior and continue to abuse or put the child at high risk of danger or maltreatment, maintaining a child with his family of origin should be the first goal pursued at the conclusion of an abuse investigation.

FBSS is the “family preservation” stage of service, which focuses on keeping children with their families by reducing and maintaining low levels of child maltreatment. Risk is mitigated by connecting parents to community services and building on the families’ existing strengths and personal resources. In some cases, families may elect to provisionally place the child with a relative or family friend in what are known as “Parental Child Safety Placements” (PCSP) (see previous section). FBSS cases are typically open anywhere from 30 to 180 days from case transfer from Investigations but can be extended if needed.

FBSS generally prevents children from entering the foster care system. When families are engaged frequently and with evidence-based programs targeted at reducing risk in the home, the result is a reduction in recurrent maltreatment. Research outcomes show that children thrive much more when raised by family members compared to children aging out of foster care. FBSS is an excellent investment in helping reduce our foster care population and can mitigate foster home capacity constraints.

### Current Issues

As a result of the Sunset Commission and Stephen Group CPS reviews, DFPS has significantly streamlined their policies to allow FBSS flexibility on a case-by-case basis.

Timeframes in policy to ensure timely case transfers between investigations and FBSS were eliminated in 2015. Previously, a case referred to FBSS required a staffing within 10 days of referral and transfer within 24-48 hours of the staffing. The result – as reported in some parts of the state – has been a delay in transferring stages of service to FBSS. A typical staffing involves participation by both the Investigative and FBSS caseworkers assigned to the case along with their supervisors to discuss the case, including assessing the family’s strengths, risks and needs as well as what services would be most appropriate to offer individual members of the family and at what level of dosing, timeframe, etc.



Additionally, implementation of the SDM tool has helped more accurately determine high-risk cases that require FBSS intervention, in lieu of case closure, causing an increase in the number of cases transferred to FBSS. Any cases identified as high risk or very high risk with the SDM tool require services to be offered to remedy the situation.

Previous policies required FBSS workers to make frequent contact with those highest-risk families; FBSS was required to see high-risk families multiple times a week. Since 2015, however, minimum standards require only one face-to-face visit per month, regardless of the risk level associated with the case. FBSS services must provide more than a “drive-by” monthly check-in from overloaded FBSS caseworkers. These are at-risk placements and the parents need the resources such as childcare and job search assistance and other supports to find time to reach the goals of their service plan.

Supervisors are granted flexibility to establish the number of face-to-face contacts required dependent upon on the risk of each case. The minimum requirements only require one monthly face to face contact with the children and caregivers involved in a case. A caseworker can make more frequent contact as their supervisor deems necessary, but anything beyond once per month is not required. In high risk cases, involving physical abuse or substance abuse by a caregiver, this can result in deadly outcomes. Additionally, DFPS is not tracking monthly contacts made in FBSS beyond the one monthly contact required. Guidelines regarding the frequency of contact related to the level of risk in the case should be in policy to ensure consistency across the state and to inform child abuse fatality investigations.

Supervisors in FBSS are currently supervising between 6-8 caseworkers. Given that each FBSS worker is carrying some 25 cases each, FBSS supervisors are responsible for the safety of at least 150-200 families, which includes multiple children. Because of the unique risk factors and dangers present in each case, there is concern that one supervisor is not able to adequately assess risk, develop and adjust frequency of contact guidelines for that many cases in a given month. We have learned from quality assurance risk readings that high-risk cases need additional support to avoid negative outcomes for children and families.

Family preservation success is inherently dependent upon the family members accessing effective services in addressing their issues such as parenting classes, mental

health treatment and support, substance abuse treatment, anger management treatment, child care, respite care, concrete resources, etc. Families do not “heal” from dysfunction and high risk in a vacuum. FBSS caseworkers often lack a suite of evidence-based programs to offer families. The services that are provided are not necessarily proven effective and infrequently offered in-home.

- One program that has improved FBSS success measurably is SafeCare, an evidence-based parent support home visiting program. Eligibility criteria to enroll in SafeCare include families that have been substantiated for abuse and neglect by a child welfare agency. The frequency of contact surpasses that which CPS’s FBSS units can provide and SafeCare has demonstrated a reduction in recidivism by 26% in randomized-controlled studies compared to FBSS services as usual.<sup>ee</sup> The SafeCare parent education modules focus on four key areas: (a) child development and health, (b) home safety, (c) parent-child/parent-infant interactions and (d) problem-solving and communication. Home visitors meet with the parents in home weekly for 3-4 months. While SafeCare targets services to parents of children age 0-5, they can work with families who have children out of this age range. Enhancing FBSS services will keep more children with their families of origin and out of the foster care system.

### *Recommendations for FBSS*

- Establish transfer guidelines between INV and FBSS. Cases should be identified earlier and transferred sooner.
- Measure the average number of face to face contacts in FBSS. Establish guidelines based on risk relating to the frequency of contact.
- Institute the SafeCare model in Texas as a pilot to serve families within the CPS system referred to FBSS and continue roll-out and replacement of FBSS services as usual.
- DFPS should partner with local philanthropists, faith-based communities and other private resources to develop critically needed family support services to adequately rehabilitate high risk families and build on their strengths.

## Conservatorship

Unfortunately, it is often necessary to remove a child from his/her home and place the child in the care of the state (i.e., substitute care) because the child is not safe at home. The decision to remove a child can be made at any point in time during an investigation, during FBSS, or during family reunification. Substitute care is provided from the time a child is removed from his or her home and placed into DFPS conservatorship until the time a child exits substitute care. A child can exit substitute care in several ways, from reunification with their family to adoption by relatives or foster parents to aging out of care, *aka* “emancipation.”

### Current Issues

In December 2015, a federal court ruled on a suit filed on behalf of children in state care – “permanent managing conservatorship” (PMC) – and those children who had “aged out” of state care as of 2005. Judge Janis Jack’s ruling identified key issues that impacted the overall well-being of children in substitute care and mandated that reforms be implemented to remedy and correct the systemic problems. Congregate care in a family setting, or group foster care, was identified as lacking the necessary supervision to ensure that children were not re-abused. Thus, these placements were immediately halted, unless 24-hour supervision could be provided. In addition to the under-reported incidents of foster child-on-child abuse mostly in congregate care, other issues identified in the ruling include (a) limited array of services for children in foster care, (b) the separation of sibling groups, (c) limited geographical distribution and quantity of foster homes, especially single child homes; (d) over-reliance, misdiagnosis and over-prescribing of psychotropic drugs to “control” traumatized children’s behavior by mental health professionals and (d) poor oversight by Residential Child Care Licensing, i.e. the agency responsible for regulating foster homes.

Additionally, the ruling brought to light disturbing conditions in Residential Treatment Centers (RTCs), which are congregate care facilities providing 24-hour supervision to children with higher behavioral needs.

The geographical distribution of RTCs is not evenly dispersed across Texas, with the largest concentration in the Houston area. When children are placed outside of their

home county, their primary caseworker is often not the caseworker who is in frequent contact with these children. Children are also less likely to maintain contact with their biological families when they are placed further away from home, oftentimes out of region. CPS is often unable to facilitate frequent face-to-face contact, if any at all, with the child's siblings, parents and potential relative caregivers which compromises the positive goal of family reunification.

It has also been noted that many children placed in RTCs have difficulty transitioning to less restrictive placements, like a foster family home. There is a need for intensive, wraparound services that will help children placed in the most restrictive settings, like RTCs, transition to less restrictive environments. Evidence-based programs, such as Multidimensional Treatment Foster Care (MDTF), are ideal for this higher need population. By providing an intensive-level, single child to a specially trained foster parent in a 1:1 ratio, with one constant caseworker with a capped caseload of five cases combined with comprehensive wraparound services, children can be provided the chance to heal and improve in foster care (See TexProtects report on Multi-Dimensional Treatment Foster Care). MDTF is essential given the striking number of children with higher needs growth each year.<sup>ff</sup> This need is even greater for those children who have viable kinship placement options that have not been explored, which is partly due to the child's level of care. Moreover, MDTF has an impressive cost-benefit yield as compared to costly juvenile delinquency or residential treatment centers of over \$14,000 for \$8,300 invested.<sup>gs</sup>

Placement array, meaning the different types of placements available for children in foster care, and their geographical distribution across the state of Texas are not meeting the needs of children in their home communities. This results in children placed farther away from home. This can be impacted by several factors, one of which is cost of living. Just as cost of living impacts DFPS's ability to recruit and retain CPS caseworkers, it impacts the quality and cost of care as it pertains to foster homes in areas where services may cost more or cost of living is higher. Foster care reimbursement should reflect not only quality of care provided, but also cost of living differentials. To develop capacity in the areas where there is need, DFPS should overlay zip-code level risk maps to identify areas of the state with high foster care demand (where removals are occurring at higher rates) and contrast with a zip code level assessment of current foster care capacity.

DFPS would then be able to target foster care recruitment and capacity development in the areas with highest need.

Moreover, the current reimbursements for foster care providers only increase as a child's level of care increases. While the cost of caring for a child with higher needs is likely higher than a child with basic needs, improving a child's overall well-being results in decreasing a child's level of care, meaning a decrease in a foster care provider's overall reimbursement. This creates a disincentive in the current foster care system to invest in improving a child's overall well-being. To address this, a base rate plus payments made for improved child outcomes, *aka* performance-based contracting for foster care providers, seeks to improve the quality of care provided to foster children by establishing child-specific metrics into their evaluations. Outcomes such as confirmations of abuse and neglect in foster care or a youth's completion of *Preparation for Adult Living* classes are examples of what is currently assessed. Expanding current measurements to capture outcomes, such as overall well-being, as assessed by the Child and Adolescent Needs Assessment (CANs), will help DFPS identify those providers that are doing the best job at healing foster children and guide more cases to the best providers.

### ***Recommendations for CVS***

- Reduce need for costly institutional care of high acuity foster children by expanding effective evidence-based specialized supports and treatment programs such as Multi-Dimensional Treatment Foster Care, intensely trained and supported therapeutic foster parents.
- Adjust and increase foster care rates to reflect cost of living differentials in catchment areas to adequately recruit the continuum of foster homes needed to serve children in high demand regions. Utilize data mapping to identify areas with high child maltreatment and child abuse fatality rates to develop foster care capacity.
- Recruitment efforts need to reflect critical areas of the state and the needs of children in care. For instance, therapeutic foster homes with diverse evidence-based, trauma-informed treatment modalities must be developed to avert RTC placements.

- Restructure financial contracts with providers to reduce disincentives and increase incentives for improvements in (a) child well-being and development, (b) promoting healing and (c) best practices that lead to better permanency outcomes, increased cost-benefits for taxpayers and ultimately and most importantly, better, more functional and productive lives for our abused and neglected foster children.
- Improve “performance-based contracting” for residential and foster care redesign contractors to include additional measurements for safety, permanency, health, educational, social/emotional well-being and other indicators.

## Conclusion

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As the 85<sup>th</sup> Legislative session commences, as the federal suit against the Texas foster care system remains unresolved, and as the inadequate response to allegations of abuse and fatalities due primarily to caseworker turnover continues, a growing consensus has emerged concluding that previous reforms to the CPS system, while making strides and improvements in several areas, were not sufficient in fixing the system. Several initiatives were born from previous CPS reforms from 1999 to 2015 including SB6 79-R Omnibus Reform legislation Part 1, the subsequent Part II and III, in the 80<sup>th</sup> and 81<sup>st</sup> Sessions respectively along with the recent 84<sup>th</sup> Sunset Review and CPS Transformation legislative overhaul as well as a myriad of legislative reforms and improvements in-between. However, past efforts did not go far enough in addressing the critical role of the CPS workforce in addressing the complex needs of children and families affected by abuse and neglect.

In making life/death decisions as well as having the power to change the trajectory of a child’s entire future adult life, the CPS workforce is the agency’s number one most critical asset. Every business makes investing in the maintenance and improvements of its top assets a priority to stay competitive. If the legislature and the agency likewise invest in improvements in the CPS workforce, the outcomes of the lives of abused/neglected children will measurably improve as well.

The recommendations put forth in this report seek to supplement and expand upon previous reforms and create a system that ensures child abuse and neglect is

investigated in a timely, thorough manner and that children in CPS and foster care are treated with sensitivity in a trauma-informed and best-practice driven system by a quality, trained, educated, prepared, well-supervised, managed, supported and fairly compensated workforce.

The goal of Texas must be to continue to strive for high quality services to families and children that must be investigated, offered family preservation services, relative care or placed in substitute care so that children who have been maltreated have an opportunity to heal from their trauma and subsequently, become well-adjusted, thriving, productive members of society.

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