

Senate Finance – DFPS | February 4, 2025 **DFPS Case Management System Transition and Revamp**

Key Takeaways:

- Texas 2036 supports adoption of the revised Exceptional Item #7, which includes the projected \$5.97 million in GR in FY2026-27 to begin implementation of the findings from the DFPS Rider 47 Report for Case Management System Transition.
- Despite regularly investing in the existing data system for the Department of Family and Protective Services (DFPS), the system does not meet federal guidance, nor does it meet the basic needs of the workers who use it.
- DFPS's Rider 47 Report, released in December 2024, provided the agency's plan and estimated cost to transition the current Information Management Protecting Adults and Children in Texas (IMPACT) system to a new system.
- With the findings from the Rider 47 report and the context of Rider 41 on business process redesign, adoption of Exceptional Item #7 will be critical to supporting the redesign of the system.

Background:

Since 2011, the state has been involved in continuous federal litigation regarding its child welfare services. The judge overseeing the case has found the state's current child welfare system unconstitutional. Among the challenges identified in this litigation are "inherent problems with DFPS's outdated IMPACT [data] system [that] further impede caseworkers' ability to review important electronic case file information" and that "IMPACT does not currently have the functionality for uploading most documents, such as birth certificates, school records, legal documents, medical, dental, developmental and psychological evaluations or the capacity to store these documents." Built in 1996 – based on 1993 guidelines – IMPACT is neither federally compliant nor serving the needs of the agency or vulnerable Texas children. It is time to move to the new federal standard for child welfare systems.

As part of DFPS's appropriations in the 2024-25 state budget, Rider 47 provided a structure for DFPS to begin the process of transitioning its case management system. Coupled with Rider 41, which instructed the agency to contract with a third-party entity for an evaluation on how the agency can improve its child protective investigations process, these were critical procedural steps to bring DFPS's data systems into the 21st century.

Published in December 2024, the DFPS Rider 47 Report for Case Management System Transition recommended that the state replace IMPACT with a new case management solution that "will streamline casework, expand data exchanges, improve mobile and offline capabilities, and assist individuals with accessing vital resources." Through a staggered approach, IMPACT would be phased out as the new system is implemented to ensure smooth system transitions, data quality remains intact, and early ROI is leveraged.



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The Rider 47 report stated costs associated with the transition for the FY2026-27 fiscal biennium would be:

	GR		All Funds	FTE
FY 2026	\$	2,297,031	\$ 4,594,061	1.0
FY 2027	\$	3,673,339	\$ 7,346,677	8.0

Source: DFPS Rider 47 Report for Case Management System Transition, December 2024

Proposed Action:

Texas 2036 supports the adoption of Exceptional Item #7 which includes the **projected \$2.30** million in GR in FY 2026 and \$3.67 million in GR in FY 2027 needed for the initiation and planning costs in this first phase of the transition, deemed the Readiness Phase in the Rider 47 report.

Public Policy Impact:

Adoption of Exceptional Item #7 is the next step in building on the work and findings from the Rider 47 report and Rider 41 in a phased overhaul of the existing IMPACT system. Implementing this overhauled system will improve efficiency and collaboration across entities including courts, Medicaid, educational institutions, and other service providers and stakeholders who require timely access to quality data. Correct and accessible data is imperative to make decisions necessary to better care for Texas' children and a system upgrade will ultimately provide the state more favorable reimbursement from the federal government.