



TEXAS

Department of Family and Protective Services

CHILD AND FAMILY SERVICES REVIEW – Round 3

Program Improvement Plan

Submitted to:

U.S. Department of Health and Human Services

Administration for Children and Families

CFSR Review Dates: April 1, 2016 through September 30, 2016

Initial Program Improvement Plan Submission: April 3, 2017

Version Date: August 17, 2018

Background

The Child and Family Services Reviews (CFSRs) are a federal-state collaborative effort designed to help ensure that quality services are provided to children and families through state child welfare systems. The Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, has administered the CFSRs since 2000. The CFSRs evaluate state child welfare systems to identify strengths and challenges, focusing on safety, permanency, and well-being outcomes for children and families. The reviews work in tandem with other state and federal frameworks for system planning, reform, and effective implementation, such as the Child and Family Services Plan and a well-functioning continuous quality improvement system.¹

Texas began its third CFSR cycle in April 2016. The Texas Department of Family and Protective Services (DFPS) coordinated with the Children's Bureau to conduct case reviews and stakeholder interviews between May and September 2016. The Texas CFSR Final Report was published by the Children's Bureau on December 28, 2016. The Department reviewed the Final Report, consulted with child welfare system partners, and received guidance and direction from the Children's Bureau in order to develop this Program Improvement Plan, which will be implemented over two years, following approval by the Children's Bureau.

The Department developed this Program Improvement Plan by considering areas where improvement has already been made, current performance, underlying conditions contributing to current performance, solutions and plans for improving practice and outcomes, implementation of strategies, and impact on the Texas child welfare system as a whole. The strategies were developed in concert with external stakeholders, partners, and internal staff. The strategies were also developed with consideration of external factors, including but not limited to Texas geography, weather emergencies and legislative direction and appropriation.

What were identified as the 2016 Texas CFSR cross-cutting issues?

The CFSR Final Report issued by the Children’s Bureau on December 28, 2016 provides Texas's third round CFSR findings. Texas was evaluated in relation to seven data indicators, seven outcomes, and seven systemic factors. Some findings reflected strengths and other areas reflected challenges. Information was gathered through an evaluative statewide assessment, stakeholder interviews, and review of 180 cases (108 Conservatorship or “foster care” cases and 72 Family Based Safety Services or

¹ Title IV-B Child and Family Service Plan (ACYF-CB-PI-14-03), Mar. 5, 2014, <http://www.acf.hhs.gov/sites/default/files/cb/pi1403.pdf>; Continuous Quality Improvement in Title IV-B and IV-E Programs (ACYF-CB-IM-12-07), Aug. 27, 2012, <http://www.acf.hhs.gov/sites/default/files/cb/im1207.pdf>

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“in-home” cases) conducted via a State-Conducted Case Review process in all regions of the state. Cross-cutting issues for program improvement were identified in the Final Report and through subsequent guidance from the Children’s Bureau. The cross-cutting issues for the 2016 CFSR, as identified and articulated by the Children’s Bureau, included:

- A. Turnover, back-logged investigations, and lack of placement resources.** Cross-cutting concerns identified during the review include continued high rates of caseworker turnover, backlogged investigations, and a lack of placement resources. Stakeholders identified barriers to assuring child safety and expediting permanency that included a growing number of reports of child maltreatment, an increasing number of children in foster care, and a lack of resources to manage the backlog of pending investigations. Resource constraints and an insufficient array of appropriate services appear to have negatively affected performance on some of the outcomes.
- B. Overuse of Parental Child Safety Placements.** Case review results identified areas of concern pertaining to assessing and managing safety and risk. A significant number of in-home cases reviewed involved a reliance on Parental Child Safety Placements (PCSP) during the investigation stage to avoid foster care placements. The use of a Parental Child Safety Placement often results in needed services not being provided to the children, parents, and caregivers. In many of these cases, either the children eventually enter foster care or the case is closed with tenuous permanency for the children and a lack of positive outcomes for the families.
- C. Delays in case transfers.** The case reviews also identified delays in the transfer of cases from the investigation stage to ongoing services. This transfer delay results in delays in services provided to families and children. In some cases where domestic violence is identified, a lack of assessment and provision of safety services affects safety outcomes.
- D. (Insufficient) parental engagement.** Engaging and working with parents and caregivers is critical to maintaining safety, achieving permanency, helping the child maintain connections, and promoting child and family well-being. Review results found challenges for the agency in making concerted efforts to support positive relationships between the child in foster care and his or her parents; assessing the needs of parents and providing appropriate services; and ensuring that the frequency and quality of visits between caseworkers and parents are sufficient to meet family needs. A lack of concerted efforts to locate parents, to work with parents who are incarcerated, or are resistant to being involved in case planning contributed to areas needing improvement, as did a lack of agency assistance to parents in accessing services.
- E. Inappropriate permanency goals.** The case review results identified areas needing improvement in the items related to setting appropriate goals for children in foster care and achieving permanency. DFPS does not routinely focus on the most appropriate goal for the child’s circumstances. Children are placed with relatives with guardianship as the goal, without considering other goals, such as adoption by the relative. Often, custody is transferred to a relative without guardianship assistance payments or other supports. The process of selecting a permanency goal appears driven by the need to comply with time frames set by state laws and policies, rather than consideration of the child’s best interests. Case review results showed poor performance in achieving all types of permanency goals. In some cases, the goal of another

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planned permanent living arrangement is used for youth rather than exploring the appropriateness of other permanency goals, such as guardianship or adoption. Permanency outcomes for these youth are especially poor.

- F. Resource constraints/insufficient service array.** Parental substance abuse was identified as a reason for agency involvement with the family in a majority of the cases reviewed. In these cases minimal substance abuse services were provided and often drug-testing parents was the primary service or intervention. Over-reliance on drug testing was identified as a barrier to reunification as was the lack of substance abuse services for parents and youth, and long waiting lists, particularly in rural areas.

*Note, although A through F above are descriptions provided by the Children’s Bureau, one “cross-cutting issue” is omitted. According to the Children’s Bureau, the **Texas termination of parental rights (TPR) filing process**, or practice of “pleading in the alternative” for termination of parental rights (TPR) at the initial filing for legal custody, was also identified as a cross-cutting issue. Multiple stakeholders and the agency view the filing protocol as a legal strategy or activity designed to decrease the time to achieving permanency. The Texas practice of filing for Termination of Parental Rights itself was not viewed as the root barrier to permanency outcomes and, as a result, the TPR filing process is addressed below with strategies designed to improve positive permanency.

How has performance changed since the 2016 Texas CFSR? What is Texas’ current performance?

Complete information about the state's performance during the CFSR period under review is available in the CFSR Final Report. The Texas Department of Family and Protective Services (DFPS) and its partners have implemented strategies and made meaningful and observable progress since the CFSR period under review. The CFSR on-site review was conducted from April through September 2016. Stakeholder interviews occurred in May 2016. The case period under review was April 2015 through July 2016, and the sampling methodology weighted cases toward the earlier part of that period.

DFPS sought to develop a Program Improvement Plan relevant to the current context that builds on existing improvements. One of those improvements is the creation of the DFPS Office of Data Analytics which reports to the Deputy Commissioner to promote coordination, communication and consistency across the agency around strategically using data and best practices for continuous quality improvement. The Office of Data Analytics combines the Data and Decision Support Division and the Division of Systems Improvement. Data and Decision Support ensures timely and high quality data and reports by creating and maintaining the DFPS data warehouse and external reporting, including federal reporting and the publicly available DFPS data book. Systems Improvement provides strategic systems support in using data to track and monitor timely completion of critical tasks, quality of casework and outcomes to proactively identify and then work with leadership to address areas of concern. Therefore, for the development of this Program Improvement Plan, DFPS and its partners reviewed recent data in

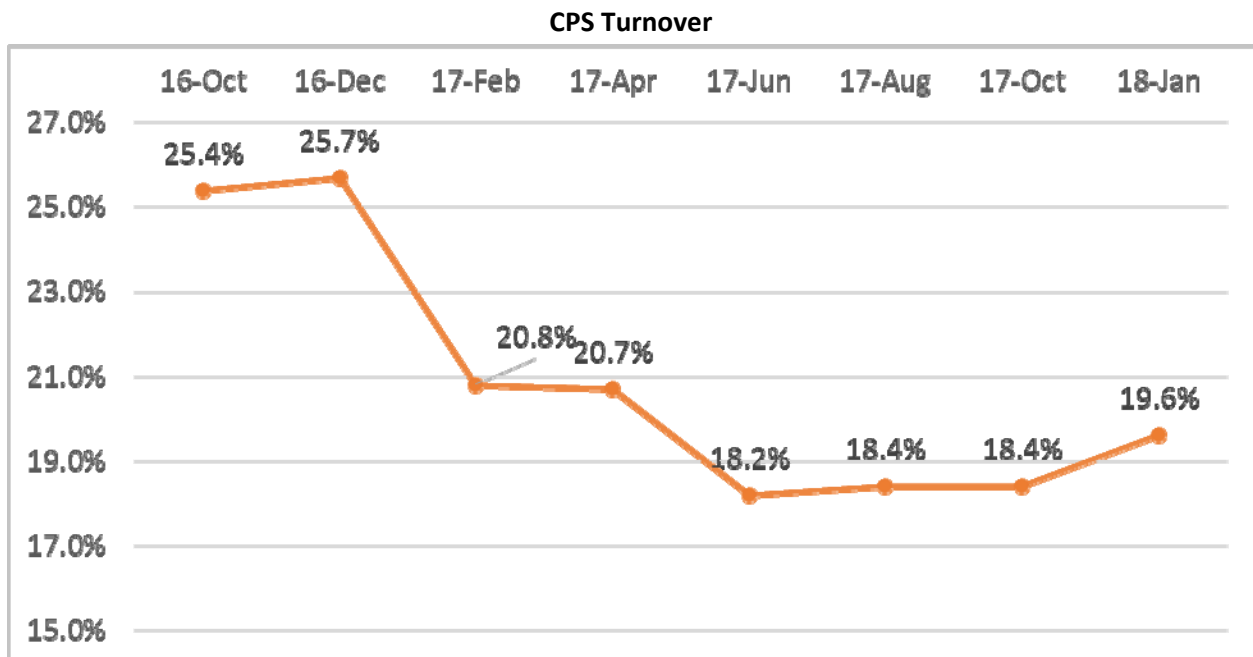
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order to assess the root causes contributing toward performance issues identified, examine impact of new practice changes, and evaluate whether strategies underway since September 2016 were having the desired effect.

There have been significant improvements in the Texas Child Welfare System since 2016.

Statewide DFPS data indicating that recent strategies and practice changes were resulting in desired improvement includes the following:

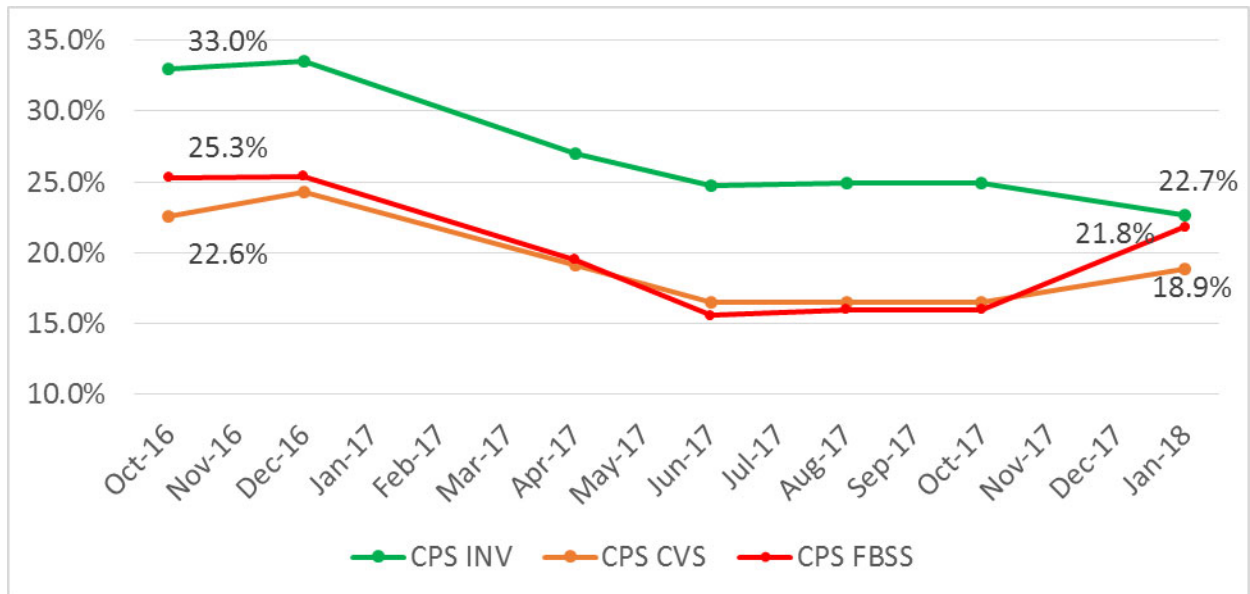
- Turnover impacts timeliness, transfer of cases between workers, and quality casework. The turnover levels for caseworkers (in all stages of service) have significantly improved. When comparing October 2016 through January 2018, CPS Turnover has decreased by 22.8%. The data is illustrated below:



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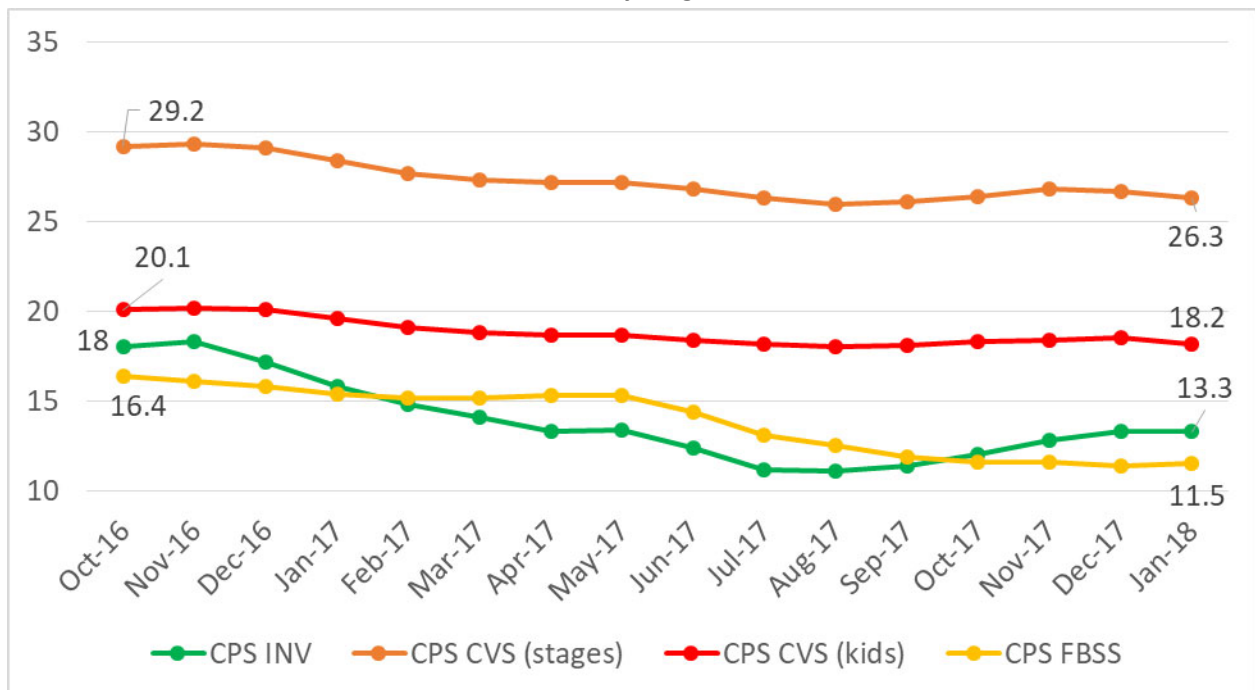
- By stage of service, turnover shows substantial improvement in all areas:

CPS Turnover by Stage of Service



- With greater staff resources, the number of cases assigned to each staff member decreases and the additional resources can be directed toward achieving even-better safety, permanency and well-being outcomes. When comparing October 2016 through January 2018, statewide data shows:

CPS Caseloads by Stage of Service



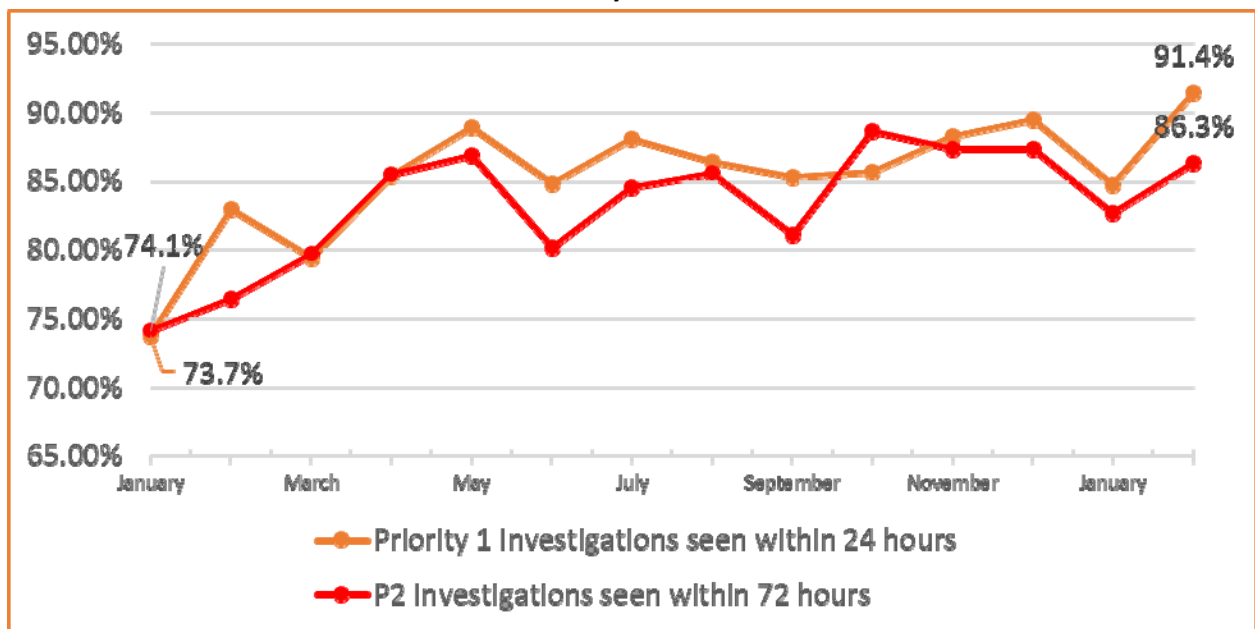
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The table below illustrates the CPS caseload changes by stage of service with a historical perspective:

	Oct 2011	Oct 2012	Oct 2013	Oct 2014	Oct 2015	Oct 2016	Oct 2017	Jan 2018	% Change since 2016
CPS INV	24.4	22.1	20.5	18.2	16.7	18.0	12.0	13.3	26.1% decrease
CPS CVS (stages)	33.2	32.7	32.1	28.6	29.5	29.2	26.4	26.3	9.9% decrease
CPS CVS (children)	23.7	23.1	22.5	20.1	20.5	20.1	18.3	18.2	9.5% decrease
CPS FBSS	14.7	13.7	16.5	14.8	14.3	16.4	11.6	11.5	29.9% decrease

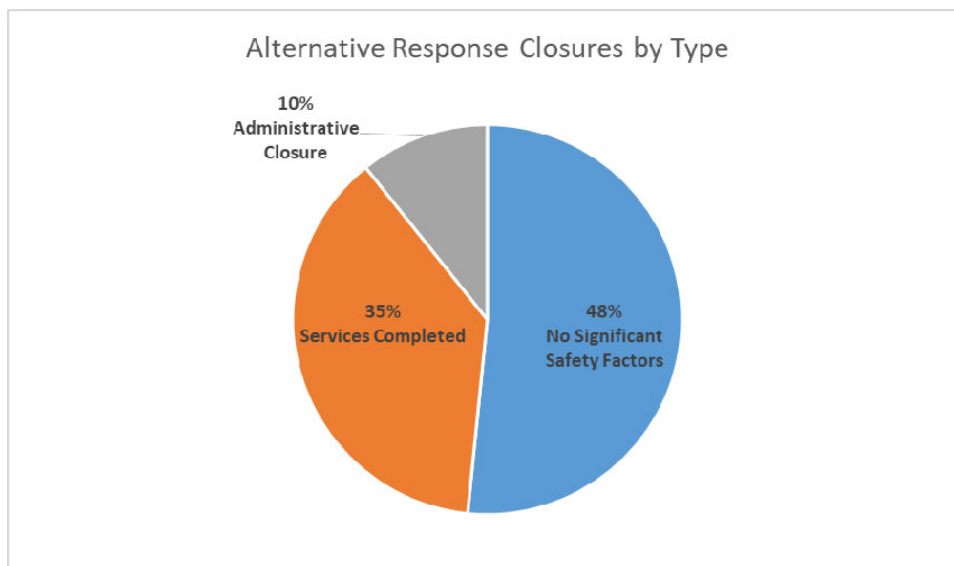
- Safety is best assessed when timely first contacts in an investigation are made. The timeliness of first contacts has significantly improved, clearly visible when comparing timeliness for Priority 1 and Priority 2 first contacts. When comparing January 2017 through January 2018, to best capture the impact of the critical appropriation of staff, the data indicates the following:

24% increase in timely P1 Face-to-Face contacts
16.5% increase in timely P2 Face-to-Face contacts



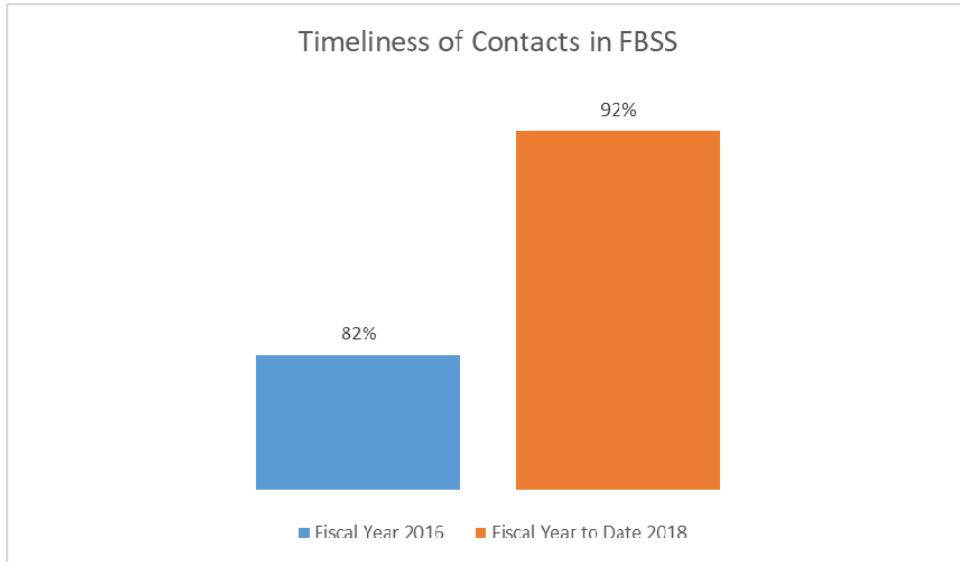
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- Alternative Response continues to be implemented across the state, with an improvement in parental engagement, increased use of services, and better assessment of safety and risk (Source: inv_cps_ar_01sy):
 - In Fiscal Year 2016, there were 17,971 Alternative Response stages opened, an average of 1,498 per month.
 - In Fiscal Year 2018 to date (through January 2018), there were 12,665 Alternative Response stages opened, an average of 2,533 per month.
 - Alternative Response is implemented in all regions within Texas, except for Regions 6A and 2. Region 6B implemented Alternative Response in May 2018. Region 2 is anticipated to implement in November 2018. 223 of the 254 counties within the state have Alternative Response, with a plan to operate statewide by the end of Fiscal Year 2019.
 - The vast majority of cases closed in Alternative Response were due to no further significant safety factors present or services completed, as illustrated below:

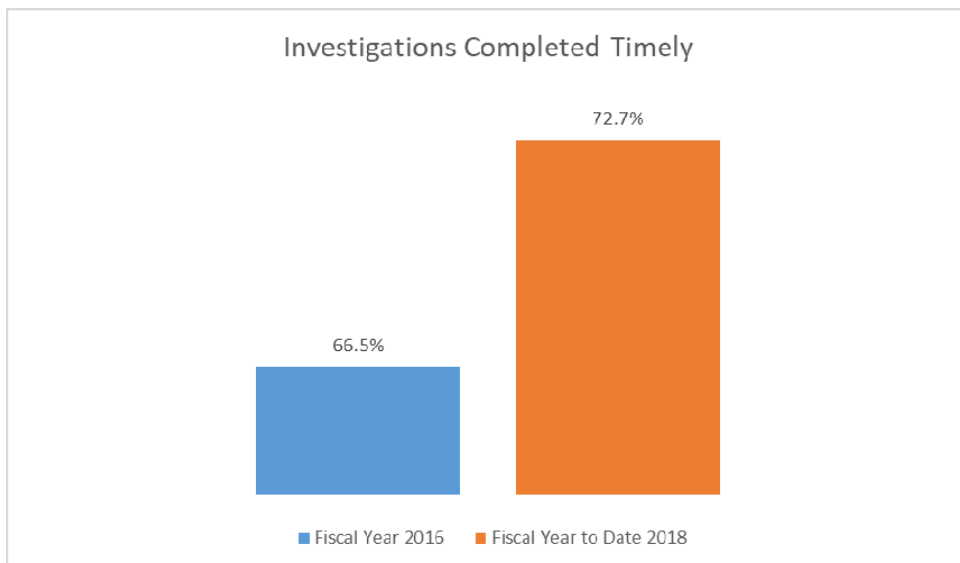


- Safety and Risk are better assessed and families can be better engaged with timely initial contacts in Family Based Safety Services cases. Timely initial contacts have been emphasized and have subsequently improved, as indicated below (Source: cps_pmat_01s):

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- The overuse of Parental Child Safety Placements has ceased with new protocol and practice that includes limitations on the use of the option, augmented approval by managers, and increased review of cases. In Fiscal Year 2015, a monthly average of 11,667 children were placed in a Parental Child Safety Placement (Source: pcsp_02) and in February 2018, the average was 4,267 (Source: pcsp_05).
- There are fewer investigations pending and more investigations completed within the 60 day time period. Substantial improvements have been made on backlogged investigations since Fiscal Year 2016 (Source: inv_cps_18sy):



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- Some Conservatorship Outcomes regarding services and placement reflect systemic improvement, illustrated back to 2011 to show historic trends.

	Oct 2011	Oct 2012	Oct 2013	Oct 2014	Oct 2015	Oct 2016	Oct 2017	Jan 2018	% Change since 2016
Average Number of Placements	3.4	3.4	3.2	3.2	3.2	3.1	3.0	3.0	3.2% decrease
Relative / Kinship Placements	37.9%	39.2%	39.7%	41.0%	41.4%	43.5%	45.2%	46.1%	6% increase
Sibling Groups Placed Together	62.9%	65.5%	65.8%	65.2%	65.7%	64.9%	65.1%	65.3%	0.6% increase
Children Placed in the Child's Home Region*	82.8%	81.9%	82.0%	80.8%	80.7%	80.5%	80.0%	77.6%	3.6% decrease
Youth Completed PAL	70.1%	71.2%	76.5%	54.8%	66.0%	72.1%	85.1%	91.1%	26.4% increase

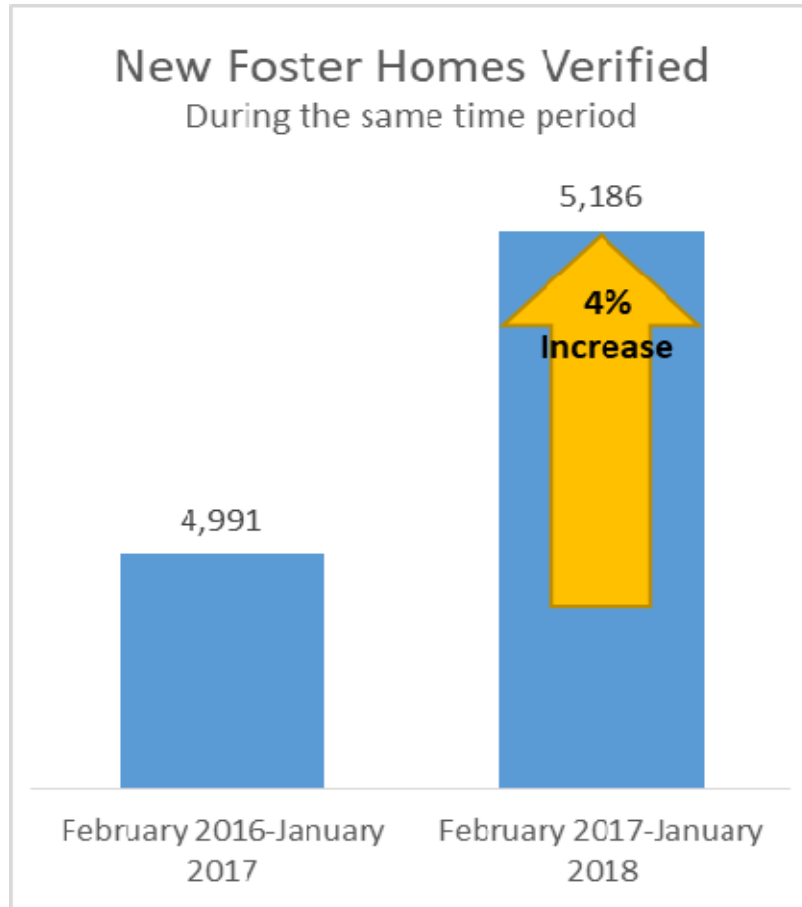
*Note: Some of the cause for the decrease in children being placed within the region is directly related to the increase in Kinship Care placements. Often a kinship placement is more desirable if one must choose between a relative outside of the home community or non-relative placement within close proximity.

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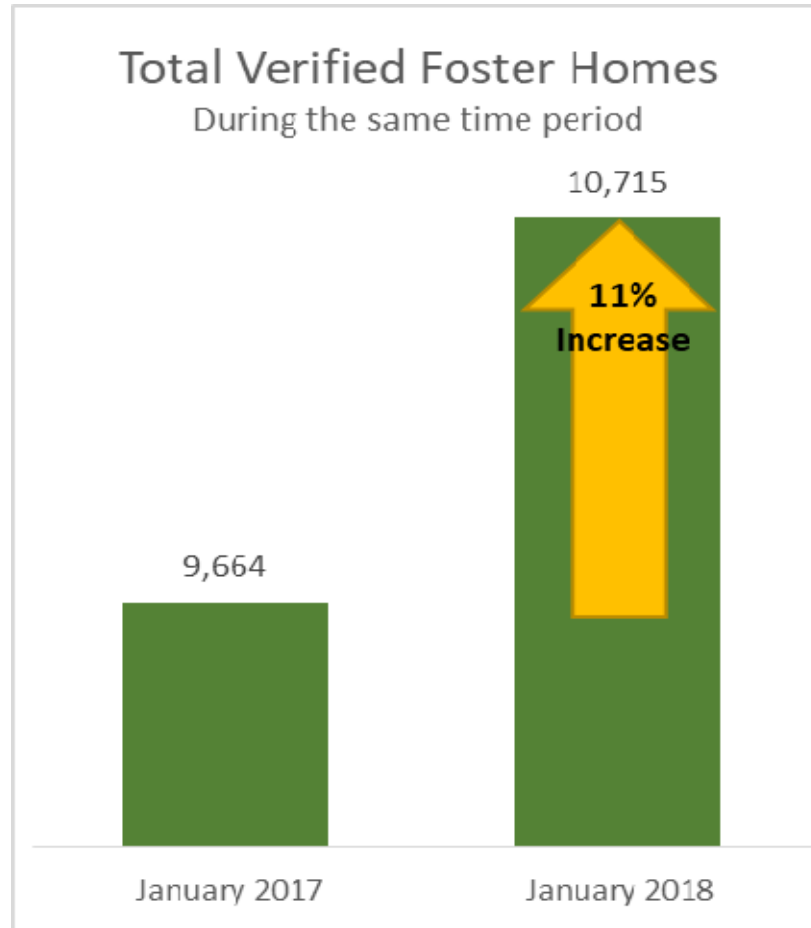
- Permanency Outcomes reflect improvement, illustrated back to 2011 to show historic trends:

	Oct 2011	Oct 2012	Oct 2013	Oct 2014	Oct 2015	Oct 2016	Oct 2017	Jan 2018	% Change since 2016
Children adopted within 12 months after Termination of Parental Rights	43.6%	47.7%	50.7%	50.8%	52.0%	53.7%	55.5%	54.9%	2.2% increase
Average Months to Permanency from Removal	17.7	17.7	17.9	18.3	17.8	17.6	16.6	15.9	9.7% decrease
Permanency for Children in Care for 2 or More Years	26.6%	27.8%	30.5%	31.6%	32.7%	33.8%	34.7%	33.5%	.9% decrease
12-month Recidivism (INV)	6.5%	7.1%	7.5%	7.9%	7.1%	8.3%	8.2%	7.5%	9.6% decrease

- With the emphasis on building placement capacity, capacity has increased:
 - When comparing 12 month periods, more new homes never before verified have become verified:



- The total number of foster homes has increased: In January 2017, there were 9,664 verified homes and in January 2018, there were 10,715 verified homes.



- Contracts have been signed with 26 new Child Placing Agencies (17 in Fiscal Year 2017 and 9 in Fiscal Year 2018 to date).
- Contracts have been signed with 10 new Residential Treatment Centers (8 in Fiscal Year 2017 and 2 in Fiscal Year 2018 to date, with 2 additional contracts pending).
- Contracts have been signed with 7 new Emergency Shelters (7 in Fiscal Year 2017 and 1 in Fiscal Year 2018 to date, with 1 additional contract pending).
- Contracts have been signed with 4 new Supervised Independent Living programs (all in Fiscal Year 2017).
- Contracts are pending with several providers for implementation of Texas Treatment Family Foster Care across all areas of the state.

There continue to be challenges remaining since the 2016 CFSR On-Site Review.

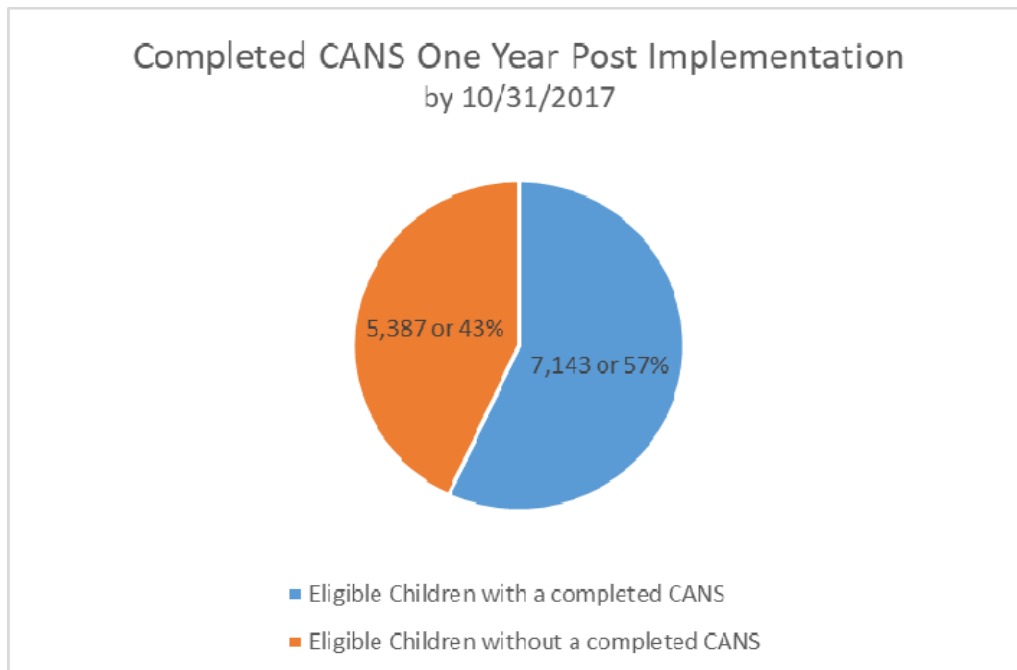
Statewide DFPS data indicating strategies and practice changes remain challenging include the following:

- Some Permanency Outcomes regarding services and placement still show need for improvement or are not going in the right direction (Source: cps_pmat_01s).

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- The percentage of final orders being received from district courts in less than 12 months has slightly decreased from 56% in Fiscal Year 2016 to 54% in Fiscal Year 2018 to date. DFPS and stakeholders continue to analyze the longer term impact of Hurricane Harvey, as the percentage had improved (increased to 59%) in Fiscal Year 2017. An analysis identified that the rates of final orders within 12 months varies significantly among the various court jurisdictions.
- Children who return home and have a subsequent confirmed allegation or case open for ongoing services within 12 months has slightly increased from 11% in Fiscal Year 2016 to 13% in Fiscal Year 2018 to date. The Office of Data Analytics is conducting an in-depth analysis to identify and address factors contributing to the increase.
- Beginning with a statewide roll out in September 2016, individualized service planning and targeted service delivery was expected to be positively impacted by timely administration of a new Child and Adolescent Needs and Strengths (CANS) assessment for children 3 years and older within 30 days of removal (Source: Systems Improvement Division). One year post implementation, analysis determined:
 - Of 12,530 eligible children, 7,143 (57%) had a completed CANS by 10/31/17 (one year post implementation).
 - 3,403 children, (27%) had a CANS assessment completed within 30 days.
 - 4,768 children (38%) had a CANS assessment completed within 45 days.

A drill down analysis has identified that, while there is regional variation, timely completion of the CANS is an issue across the state. Analysis has also indicated access to CANS service providers is the most common barrier. Among placement types, kinship placements experience the greatest challenge getting children a timely CANS assessment.



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- There is continued room for improvement for children in conservatorship having their Texas Health Steps Checkup within 30 days of removal. (Source: HHSC compliance data).
 - The most recent data available (Fiscal Year 2017, 3rd Quarter) indicate 52.8% of children received all required elements of the Texas Health Steps Checkup by a certified Texas Health Steps provider.
 - There is inconsistency when comparing DFPS data with compliance data, indicating the issue is not whether a child sees a medical provider, but rather whether the visit meets all elements of the Texas Health Steps Checkup are met. DFPS data shows 86% of children have seen a medical provider.
- DFPS continues to experience capacity issues for placement resources. To better understand and address issues driving capacity, DFPS produced a February 2017 Needs Assessment and a subsequent Assessment is forthcoming. The assessment is posted on the public website: (www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017-01-01_Foster_Care_Needs_Assessment_Report.pdf). Capacity issues related to sub-regional geographic Community-Based Care catchment areas are also discussed later in this document. Additional placement options for every living arrangement type and level of service are needed, but the need is greatest in rural areas and for children with complex needs.
- Some outcomes for youth have improved, though remain a challenge.
 - In FY16, approximately 1,183 youth emancipated from DFPS legal responsibility. Of 1,183 youth who emancipated in FY16, approximately 676 (57.1%) stayed in extended foster care.
 - In Fiscal Year 2016, 6.8% of youth exiting care were youth who emancipated. The annual percentage continues to reflect that fewer youth emancipate from DFPS legal responsibility, with 6.3% emancipating in Fiscal Year 2017 and Fiscal Year 2018 to date. This means more youth are exiting to positive permanency.
 - Young adults who remain in extended foster care are staying longer in extended foster care before leaving. This helps ensure more preparedness before leaving.
 - For the 2015-2016 academic year, Texas institutions reported 3,175 exemptions for foster care students for a total of \$8,896,933 in forgone tuition and fee revenue. For the same year, institutions reported 1,694 exemptions for adopted students for a total of \$7,446,988 in forgone tuition and fee revenue.
 - National Youth in Transition Data indicate some improved outcomes when comparing Federal Fiscal Year 2011/2013 cohort of Texas foster youth and former foster youth data with Federal Fiscal Year 2014/2016 data. Specifically when comparing 19 year olds in Cohort 1 with Cohort 2, employment improved by 26%, incarceration decreased by 25%, while those who had children and those who became homeless saw no change:

NYTD Outcomes Data for Texas*
Comparing Federal Fiscal Years 2011/2013 (Cohort 1) and 2014/2016 (Cohort 2)

Question to youth	Federal Fiscal Years 2011/2013 (Cohort 1) Age 17	Federal Fiscal Years 2011/2013 (Cohort 1) Age 19	Federal Fiscal Years 2014/2016 (Cohort 2) Age 17	Federal Fiscal Years 2014/2016 (Cohort 2) Age 19
Employed Full time or Part time	9%	31%	13%	39%
Incarcerated	36%	28%	32%	21%
Had Children	8%	13%	6%	13%
Homeless	16%	25%	20%	25%

***Data from the Administration for Children and Families**

How was the root cause analysis of the cross cutting issues conducted? Who was involved?

Underlying conditions that contribute to performance were identified in the 2016 CFSR through case reviews and stakeholder interviews and have been described in the CFSR Final Report and other communication from the Children’s Bureau.

Between October 2016 and the present, DFPS and stakeholders met regularly and further examined performance to determine and prioritize underlying conditions that impact outcomes. Key examples of opportunities and partnerships used for this root cause analysis include:

- 85th Texas Legislative Session (held January 2017 – June 2017). Extensive legislative hearings were held regarding DFPS challenges and issues, including testimony by internal staff and external stakeholders, analysis of performance factors, and discussion of practice options before two oversight committees (Senate Health and Human Services Committee and House Human Services Committee) and during other Legislative committees. Interim Charges in preparation for the 86th Texas Legislature include topics assigned for legislative analysis related to implementation of significant legislation, faith-based collaboration, strengthening of services to older youth, community-based care, and others.
- In partnership with the Supreme Court of Texas Permanent Judicial Commission for Children, Youth and Families (known as the “Children’s Commission” and also the Texas Court Improvement Project), with multiple participants and working groups, discussions were held regarding contributing factors and underlying issues. The collaboration with the Children’s Commission continues to benefit from the use of “Roundtables”, which have included facilitated

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root cause analysis on specific topics. Collaborative calls are held bi-weekly between DFPS and stakeholders. Individuals meet regularly with and participate on Children's Commission workgroups, including:

- Collaborative Council
 - Technology Projects Committee
 - Training Committee
 - Education-related workgroups: Foster Care and Education, Special Education, Post-Secondary Education, and Foster Care and Education Discipline
 - House Bill 7 Task Force
 - Pleading Practice
 - Legal Representation Workgroup
 - Parent Resource Group
 - Trauma Informed Care workgroups: Child Welfare System Reform, Cross-Systems Collaboration, Funding/Data/Evaluation, Organizational Leadership, Collaboration and a Steering Committee
- Workgroups with participants who have experienced DFPS services (Parent Collaboration Group, Youth Leadership Councils, Kinship Caregiver Support Groups, and Texas Foster Family Association) met regularly and were used to discuss and dive deeper into the underlying issues and causes, as well as identify next steps and practice changes.
 - Stakeholder workgroups designed to improve outcomes, with staff and external partner participation, continued to meet routinely, review data and outcomes, discuss barriers and identify next steps in order to improve practice and outcomes. Examples of stakeholder workgroups include, but are not limited to:
 - Texas Council of Child Welfare Boards, containing county level stakeholders to incorporate local input.
 - Tribal/State Collaborative, with monthly phone conferences and regular meetings provide state and local staff with input from the three federally registered tribes (Ysleta del Sur Pueblo, Alabama Coushatta, and Kickapoo Traditional tribes). The collaboration has emphasized strengthening trauma informed care and reducing disproportionality.
 - The Public Private Partnership ("PPP") is a steering committee comprised of 24 individuals who represent Texas stakeholders. It serves as the guiding body for development and implementation of Foster Care Redesign and now Community Based Care. The PPP includes foster youth alumni, the judiciary, providers, trade associations, advocates, and DFPS leadership.
 - Committee on Advancing Residential Practice (Residential Providers who contract with DFPS) meets regularly to analyze practice, discuss capacity needs, and improve outcomes related to residential care of children in conservatorship.
 - Joint Team Meeting (Health and Human Services, DFPS, and Superior Health Network participants attending) meets monthly with a focus on improving medical and behavioral health care through STAR Health.

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- Children’s Hospital Association of Texas (representatives of medical hospitals serving children in the state, Texas Pediatric Society, HHSC and DFPS) meets quarterly with a focus on improving medical care for children.
- Children’s Advocacy Center Statewide Multidisciplinary Teams (Children’s Advocacy Centers of Texas) meets quarterly with an emphasis on improvement of safety and risk assessment for children alleged to have been abused or neglected.
- Ongoing input from field staff occurs through Caseworker Advisory Committees and Supervisory Advisory Committees. These advisory committees include participants from every region in the state. Meetings are used to obtain field feedback on current issues, discuss outcomes, solicit ideas and input, and review pending policy updates. The feedback is then used for practice, policy, and other changes.

Workgroups indicated above complimented internal DFPS workgroups held at the state and regional levels which meet on a regular basis. Some internal workgroups were facilitated by state office staff and contained representative participation from each region, often from different levels of management or directly service delivery to children and families. For example, CPS Conservatorship Program Administrators from each region meet regularly with the CPS Director of Permanency to work through conservatorship-specific issues and discuss program, policy, and protocol. In most regions, the leadership team (Regional Directors, Program Administrators, Program Directors and other staff) meet regularly to discuss outcomes within the region and region-specific efforts to improve regional practice. State office representatives and Regional Systems Improvement Specialists are included for work on specified issues, such as implementation of a project or emphasis on a component of practice in the region. Regional workgroups focused on region-specific issues often include state office involvement to ensure a feedback loop and to help inform policy, protocol, and practice change. Additionally, to determine the root cause and/or ensure actions are having the desired impact on outcomes, many initiatives, protocol or practice changes were formally evaluated and the evaluations used to inform decisions regarding implementation or expansion of the ongoing practice change. Evaluations have been conducted by appropriate DFPS staff (such as the Division of Systems Improvement), through external entities with expertise in providing technical assistance or evaluation, and through the procurement of formal evaluation services. Evaluations also routinely include examination of data or survey results and other means.

Finally, the Division of Systems Improvement provided support around root cause analysis by analyzing data by region for Investigations, Family Based Safety Services, and Conservatorship on workforce, critical tasks, quality casework and outcomes. This includes data provided from the various reviews conducted by the Division of Federal and Program Improvement, to include CFSR reviews, FBSS Critical Case Reviews, and Parent-Child Safety Placement Reviews. The Division of Federal and Program Improvement Review helps to identify trends in practice that are working well, along with areas that need a focused approach to improvement. The division works together with the Division of Systems Improvement to help identify root causes to identify gaps in practice, and has established feedback

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loops with the regions and State Office on presenting case review results. Each region has a dedicated Regional Systems Improvement specialist, who is part of the Systems Improvement Division and works hand in hand with regional directors to monitor data, identify causes of change in performance, monitor for impact of policy and practice changes, and promote continuous quality improvement efforts. The Director of Systems Improvement meets weekly with the CPS Director of Field to ensure state office and field staff are looking at data and outcomes in tandem on continuous quality improvement activities. The Division created summary reports integrating the information and highlighting by region areas of strength and areas needing improvement. Using this data, leadership created annual statewide and regional business plans and held quarterly improvement team meetings to review progress and identify and address root causes for emerging areas of concern. They will continue to provide this support as part of the Office of Data Analytics.

Current performance data, as outlined, indicate that some of the cross-cutting themes identified in the 2016 CFSR Final Report have been resolved through statewide child welfare system changes in Texas since the review occurred, but should be monitored for continued improvement through quarterly structured case reviews, stakeholder input, and ongoing data analysis, while other issues require ongoing implementation of practice changes or strategies.

Additional general factors out of the control of the state, but impacting all cross-cutting issues:

There is a changing landscape that DFPS and external stakeholders are analyzing and discussing at every opportunity: passage of the Family First Prevention Services Act, passed in February 2018. It is unclear what federal direction, including federal regulations and rules, will mean and the Act's potential impact on the Texas child welfare system financing is unknown. Analyzing the Family First Act and moving toward the decisions Texas will make regarding implementation presents new responsibilities for the state at the same time this Program Improvement Plan is being developed and implemented. Due to the complexity of the Family First Act, Texas' PIP needed to be developed with implementation of the act in mind. The strength of the Texas child welfare system lies in collaborative partnerships with community, including public/private and other systems, who are "all in" with efforts to help children and families. Shift of focus from one end of the child welfare system to the other does not resolve the need for services across the entire child welfare spectrum. In other words, not all resources may be shifted to prevent children from entering care when the state must also successfully meet the needs of the approximately 30,000 children and youth in care currently in Texas. The child population growth within Texas continues to lead that of the country, risking PIP penalties for the state simply due to growth. Despite the agency's best efforts to improve capacity and service array, Texas still may not be able to achieve PIP targets simply because of the fast rate of increases in the overall state child population.

Hurricane Harvey, coming ashore in Texas in August 2017, inflicted hundreds of billions of dollars in damage, particularly due to catastrophic rainfall-triggered flooding. The floods inundated hundreds of thousands of homes, displaced more than 30,000 people, and prompted more than 17,000 rescues. The first landfall occurred in Corpus Christi and Rockport, with a major rain event and sustained flooding in Houston. A second landfall occurred in the Port Arthur and Beaumont areas. The storm impacted four

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of the agency's eleven geographical regions. In the midst of the crisis, intakes, investigations and even removals of children continued, with the assistance of strong law enforcement partnerships. DFPS monitored residential provider evacuations and maintained contact throughout the storm. Most challenging, DFPS handled preparation, response, and recovery simultaneously. At the peak of the storm, 18 General Residential Operations and 8 Residential Treatment Centers were evacuated. An estimated 1,500 children in conservatorship were evacuated. Several residential providers experienced extreme damage to their operations. The court system in Harris County sustained permanent damage to its court house, requiring relocation and rescheduling of many district court activities. More than 100 DFPS staff were permanently displaced from their homes due to catastrophic damage. Thousands of DFPS staff were impacted with property damage and evacuations. The strength of the Texas child welfare system was apparent, as not a single child or staff person was lost, due to the hurricane. There were no placement disruptions, as committed residential and kinship caregivers evacuated with children in their care. However, long term system-wide impact will not be fully understood for some time to come. The impact on outcomes currently is not quantifiable. For example, although there was not an initial loss to placement capacity, it is not possible to determine how many families preparing to become or even considering becoming verified as a foster home decided that the impact of Hurricane Harvey caused them to change course and not pursue verification.

DFPS Quality Assurance and Continuous Quality Improvement Practices

Texas has developed a strong circular method of providing feedback and support from the Regions to State Office and back to the Regions. Through DFPS quality assurance and quality improvement teams, interactions between teams and regional staff change practice in the field and provide the opportunity for feedback loops with regional staff to re-enforce good practice and an avenue for direct staff to provide input in practice changes.

The Division of Federal and Program Improvement Review is comprised of three quality assurance/quality improvement teams: The Child and Family Services Review (CFSR) team, the Family Based Safety Services (FBSS) Critical Case Review team, and the Parent Child Safety Placement (PCSP) team. The division is comprised of 26 Quality Assurance Specialists, 5 Quality Assurance Leaders, 1 Program Specialist, 1 Team Lead, and 1 Division Administrator. The team reports to the CPS Director of Services.

The division reviews cases using a variety of structured review tools and works closely with regional staff and State Office in sharing case review results in the form of data trends, qualitative trends, and individual case review results. The division helps to evaluate the effectiveness of CPS in providing for the safety, permanency, and well-being of children and families receiving services. This division coordinates with other staff in specific program areas and with program specialists assigned as subject matter experts for all stages of service. The division contributes to developing, adapting, and continually improving tools for the qualitative and quantitative evaluation of CPS programs.

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Members of the division provide training to staff at all levels on the case reviews, as well as participate in ongoing Regional Improvement Teams. The division has a standing 3 hour curriculum presentation at the monthly training required for all new supervisors, in which review processes are explained and practice case situations are reviewed and rated in a group setting. The working relationship between the division, State Office management, State Office Program Specialists, and regional staff is fluid and dynamic, with information sharing and brainstorming for improvements occurring during all interactions. Information sharing moves in all directions between the division, State Office, and the regions. Examples of this include members of the division frequently participating in ongoing policy reviews and policy workgroups. Members of the division are also involved as workgroup members focusing on new programs and improvement teams, such as the FBSS outsourcing pilot in Region 10 and the statewide FBSS improvement workgroup. Regional staff frequently reach out to members of the division for guidance on policy interpretation as it relates to putting policy into practice and to answer questions on how certain case situations could affect outcomes for children and families. Regions also request Organizational Effectiveness facilitations from the division to implement continuous quality improvement efforts in practice on specific topics, often identified as areas needing improvement in ongoing case reviews. The Organizational Effectiveness model used by DFPS is the DAPIM model developed by the American Public Human Services Association (APHSA). DAPIM is a structured problem-solving model and stands for Define, Assess, Plan, Implement and Monitor. It is designed for a facilitated workgroup to develop a desired future state for their program and then to work through to the root cause of the gaps getting in the way of achieving the desired future state, and then developing, implementing and monitoring the effectiveness of remedies. The model includes developing a continuous quality improvement plan to keep the work going after formal facilitation is complete.

CFSR

The CFSR team reviews 100 cases per quarter, sampled from every region, using the federal onsite review instrument. This is an outcomes based review in the areas of Safety, Permanency, and Well-being. Stakeholders are interviewed on all cases reviewed, with information learned from the stakeholders incorporated into determining how individual items are rated. Currently, sixty cases are from conservatorship and forty cases are from FBSS/Alternative Response. All investigations attached to these cases are also reviewed.

Completed case review guides are sent to the caseworker, supervisor, Program Director and Program Administrator so they can see the individual results and be prepared for the subsequent case debriefing.

Quarterly case debriefings with regional staff are held on all cases. These debriefings help staff working directly with families and children to see how individual cases were rated, so they can take that information and make positive changes to practice to improve outcomes for children and families. In addition, supervisors and other regional managers who attend are able to identify trends in their own case practices and develop solutions to implement within their specific units for improvement. As a result of receiving data, trends, and information from the case reviews in the form of reports, debriefings, presentations, and production of the Texas Program Improvement Plan Tips, here are

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examples of how various regions have taken the CFSR review data information and made positive changes to practice to improve outcomes to children and families, by using:

- Item-specific data to inform managers about children’s movement towards permanency;
- CFSR data to share trends and coach staff on increasing face-to-face visits with parents whose parental rights are intact of children in permanent managing conservatorship of the agency;
- CFSR data to share trends and coach staff on regarding the value of courtesy contacts for incarcerated parents located in other regions;
- Region-specific case review data to gain qualitative information to focus on a particular practice area of concern;
- CFSR data to develop or clarify policy based on feedback from the case review and debriefing processes;
- Case review data trends to re-institute a plan of supervisory review of Child Plan of Service and Court Report prior to every court hearing. Analysis indicated this was needed to help improve practice for timeliness and appropriateness of permanency goals and to ensure there is sufficient review of the case to potentially promote a more timely permanency goal;
- Case review regional trends to develop strategic regional plans to address delayed permanency for children;
- Case review data to monitor practice and re-evaluate the permanency goal by the time the child has been in care for 5 months and focus on concurrent planning from the beginning of the case;
- Case review data to monitor compliance with the requirement to complete the Family Service Plan within 30 days of the initial placement, ensuring that families are engaged quickly to help guide the case process;
- Case review data to monitor practice changes regarding complete diligent searches and legal service on absent parents;
- CFSR-specific data to provide feedback on new efforts to actively engage kinship staff earlier in cases when relatives are identified as caregivers in an effort to improve progress to permanency with goals of guardianship and relative adoption; and
- Qualitative data from the CFSR measure to monitor progress towards their region-specific identified goals.

Qualitative and data reports are sent to regional and state office staff and used in collaboration with regional improvement teams. This qualitative information includes where the agency is doing well and where improvements can be made. State Office management uses the data and information in these reports in ongoing supervision meetings with regional management, and compares progress over time. Information from case reviews is used to develop new practices, such as adopting the structured decision making process to assess risk and safety and strengthening the Kinship program to support relative caregiver placements for children in care.

The CFSR team does a qualitative review of approximately 585 closed screened intakes per quarter. This is a safety-based review to ensure intakes that are closed without assignment followed policy. Any safety concerns found are immediately sent back to the Division Administrator for Investigation Policy for review and possible re-assignment to field staff. As a part of the feedback loop, the Division

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Administrator for Investigation Policy receives a data and summary report of all findings, including specific case information on any question scoring below 90% compliance. This assists with ensuring Screeners are following policy consistently across regions, but most importantly it is a learning tool that helps Screeners with future cases and allows the field staff to voice their ideas and thoughts on current practice or policy and how it works or does not work and offer suggestions of changes that improve practice. After receiving quarterly review results, continuing the feedback loop, the Screener Supervisors met with the team lead for the Division of Federal and Program Improvement Review. The discussion led to changes in the Screened Intake guide to more effectively target the policy requirements for this division and to further ensure that the Screeners are appropriately screening out the correct cases while ensuring child safety is paramount. The Division Administrator of the Federal and Program Improvement Review team then met with the entire Screening Division at their statewide meeting and discussed the recent changes in the review guide made after receiving their feedback. Going forward, the Division of Federal and Program Improvement will continue ongoing discussions with the Screening division to ensure the changes to the review guide are effective and that the Screeners continue to show strong practice in screening out cases appropriately.

The CFSR team conducts an ongoing qualitative review of 180 Emergency Assistance Application reviews per quarter, to ensure the correct process is being followed per requirements. The feedback loop starts when the individual case results are sent back to the caseworker, supervisor, Program Director, and Program Administrator. Upon receiving case review results staff have requested more information on Emergency Assistance Applications. The CFSR team has responded by providing the DFPS Learning Station's Emergency Assistance Application online training on how to correctly complete an Emergency Assistance review as a resource. The feedback loop continues when a data and qualitative summary is sent to the Division Administrator for Investigation Policy, who uses the report to determine whether there is improvement in correctly filling out the application, or whether areas of further training and direction are needed. Since this review process is in its beginning stages, it is not yet known what next steps may be needed.

The CFSR team has initiated an ongoing qualitative review of 90 cases per quarter reviewing qualitative information in the Common Application, which includes questions on the Child Sexual Aggression indicator, which is slated to begin in August 2018. This review will be focused on child safety and improving the selection of the best placement for children in care. The review will determine if the information in the common application is accurate to the child's current situation and if portrayals of the child's behaviors are descriptive instead of labelling in nature, to encourage the best placement match for the child. The feedback loop will begin when individual results will be shared with regional staff and a comprehensive summary report will be shared with management. After receiving the results follow up communication will be made immediately with program staff if a concern is identified with how Common Applications are being developed. Since this review process is in its beginning stages, it is not yet known what next steps may be needed.

Lastly, the CFSR team conducts separate ad-hoc reviews as requested by program, determined to be needed as a result of practice changes, or additional questions used with the same quarterly CFSR sample of cases. Recent examples include reviewing children new in care for timely health exams, reviewing children in care to ensure a current photograph is uploaded into the IMPACT system and reviewing foster care cases for current visitation plans with parents. All results are shared individually with the regional staff involved with cases as described previously, as well as a summary report with data and trends provided to the program that requested the review. Results are used to determine if

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new policies or practices are needed or if a current policy or practice is working well. The ad hoc review process also gives the regional staff a forum to provide feedback on how policy impacts practice and where changes may need to be made to better serve children and families. Continuing the feedback loop, after initial results are shared and attention is given to best practices in the field, some ad-hoc reviews are repeated at a later date to determine how outcomes have changed for children and families.

FBSS

The FBSS Critical Case Review team reviews cases each week that have been selected from a sample of cases opened to FBSS for 90 to 96 days. These cases have been ranked based on high risk factors within the family. The review is focused on child safety and quality casework practices with children and families. Each time a case is reviewed, the Quality Assurance Specialist emails the completed case review guide to the caseworker, supervisor and Program Director. Any concerns needing follow-up are noted in the body of the email. Over time improvements have been made in the caseworkers' abilities to assess and describe risk and safety factors to the children, to clearly identify case history and how it affects the family today, identify family progress or lack of progress each month, and increase the use of services that are based on thorough assessments of need. Ongoing, qualitative and quantitative reports are sent to regional and state office staff and describe trends regarding areas where practice has improved and areas where there is focus on improvement needed. The statewide FBSS Improvement workgroup, comprised of mainly FBSS field staff of all levels, uses results from these reviews to guide their FBSS practice improvement efforts. FBSS Program Directors simultaneously review a small sample of cases from their units using the same review guide. Results are compared with the Quality Assurance Specialists. This allows the Program Directors to have real-time reviews of cases being worked in their units and allows them to offer guidance to the caseworkers on immediate case actions. The Director of Field and The Director of Field Support closely monitor the case review results and discuss them with regional management on an ongoing basis. Staffings are held between State Office and regional management on how to improve practice when concerns are noted.

PCSP

Although practice changes resulted in substantial decrease in the use of Parental Child Safety Placements (PCSPs), DFPS continues to monitor and work with regions regarding the practice to ensure that progress is sustained and provide a method for field staff to provide input for any needed changes to future practice.

The PCSP team conducts weekly Live Reads, where at least one child in a new PCSP is under 6 years of age. The case sample is a random weekly sample of any new PCSP with a child in that age group that has been made within the most recent 14 – 21 days. This is a safety focused review that also looks for quality caseworker practices. The PCSP team also conducts monthly Closed Case Reads using a random sample of cases based on PCSP closure codes, which will indicate when a case has closed with child/ren remaining in the PCSP. The sample universe consists of any case with the appropriate case closure codes that were closed within the last 30 days. Individual case review guides are sent to the staff involved in the cases for both review types, as described in sections above. Any safety concerns are immediately shared with the Program Administrator for follow-up. This current review process includes new qualitative case review guides and the first set of quarterly data and trend reports is being developed to share with both regional and state office management, to note trends and identify areas to focus improvement efforts. Based on requests from field staff for further information on guidance on case

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specific situations, the PCSP Quality Assurance team plans to develop a training podcast for staff, with feedback on the curriculum gathered from Investigations and Family Based Safety Services staff, in order to include staff who work directly with children and families. The PCSP team also works in conjunction with the Division of Investigation Policy in monitoring and responding to field questions on PCSP case situations through the statewide PCSP mailbox. PCSP policy and the PCSP resource guide is periodically updated when a need is identified through the types of questions received in the PCSP mailbox.

In addition to qualitative reviews, the PCSP Team contacts all caregivers of children who remained in a PCSP at case closure at 6 and 12 months post-closure. This is done as a support for the caregiver and a safety check for the child. Statewide data regarding the post closure calls is shared with regional and State Office management. PCSP policy and the PCSP resource guide is periodically updated when a need is identified through information received from the post-closure calls.

PCSP policy, resource guide, and best practice guidance are all updated when needed and occur routinely based upon feedback received from staff who are working directly with the families, as well as feedback received from the PCSP quality assurance reviews. The Director of Investigation Policy receives PCSP questions and feedback through direct emails, emails received from the PCSP dedicated mailbox, emails and discussions with the PCSP quality assurance team, and in-person from field staff within the regions. The Federal and Program Improvement Review Division Administrator frequently joins ongoing Regional Director and Program Administrator calls when PCSP is a topic to answer questions and gather feedback on what is working well and what areas could use clarification or best practice guidance.

Regional Systems Improvement Division

DFPS implemented the Regional Systems Improvement Team as a part of the Division of Systems Improvement. The Regional Systems Improvement Team reports to the Deputy Director of Systems Improvement and consists of Regional Systems Improvement Specialists who work directly with regional directors and their management team to embed continuous quality improvement within regional operations. Each Regional Director has one assigned Regional Systems Improvement specialist, helping regional leadership take the "what" of the data universe, translate it into a useable format, determine "why" issues are occurring, and develop action plans that address "how" to improve. The Regional Systems Improvement Division has four strategic goals:

- Use knowledge of systems improvement and regional data to help local leaders strategically improve the functioning of their systems;
- Embed Continuous Quality Improvement into management operations and help leaders sustain changes made;
- Work with regional management to prevent problems from becoming crises and crises from recurring; and
- Work side by side with regional management during crises to ensure mechanisms to address immediate concerns do not create crises for other areas.

The Regional Systems Improvement Division and the Division of Federal and Program Improvement Review work in concert with each other, share data and results and work together in helping regions move forward using data to guide practice decisions. This is done by the Division of Federal and Program Improvement Review including the Regional Systems Improvement Specialists on all qualitative and quantitative data results that are shared with regional management, so that the Regional Systems Improvement Specialists can help the regional managers focus on how to use the data to make practice

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improvements, starting with the area of greatest need. In turn, the Regional Systems Improvement Specialists include the Quality Assurance Leaders from the CFSR team in their Regional Improvement Teams and in the development of the Regional Business Plans.

As a final point, members of the Division of Federal and Program Improvement Review and Regional Systems Improvement staff have been trained as Organizational Effectiveness facilitators and work as a team to assist regions in the analysis of data and trends. The DFPS Organizational Effectiveness team provides continuous quality improvement support services to all DFPS programs and divisions to promote successful outcomes for children, adults, and families. Through a series of face-to-face meetings, Organizational Effectiveness facilitators help a group drill down to the root causes of complex problems and then assist in the development and implementation of strategies to solve those problems. Upper-level managers in the regions and State Office can request facilitation sessions for groups under their supervision with the following criteria:

- Data from the DFPS program or division supports the need to develop a continuous improvement plan;
- A new practice or initiative has begun to improve outcomes; or
- Challenges have arisen when implementing existing practices or improvement plans, including a lack of desired results.

Currently, there are 23 Organizational Effectiveness facilitators representing all program areas and divisions. Most Regional Systems Improvement staff were trained to become facilitators in the past year. Teleconference calls are convened as needed with the Organizational Effectiveness Facilitation Team to discuss facilitations, share ideas, and discuss logistical support of the model. Examples of facilitation topics in the last two years have included:

- Team Building;
- Foster Care Capacity Building
- Improving time to Permanency, including focusing on Family Reunification and Permanency Care Assistance
- Placement capacity
- Performance management
- Workload management
- Case transfer process
- Barriers to family engagement in conservatorship
- Improving communication and conflict resolution skills among CPS supervisors

Cross-Cutting Issues

Each of the afore-mentioned six cross-cutting issues are addressed below. For each issue, there are two questions. First, what underlying conditions contribute to current challenges (Root Cause Analysis by Cross-Cutting Issue)? Second, given the underlying root causes, what can be done to improve the outcomes (PIP Goal/Strategy/Activity)?

Cross-Cutting Issue #1: High Turnover and Backlogged Investigations Negatively Impacted Outcomes.

Note: Federal placement resource concerns were not eliminated from this section, but were instead grouped with the Service and Resource array cross-cutting issue later in this document.

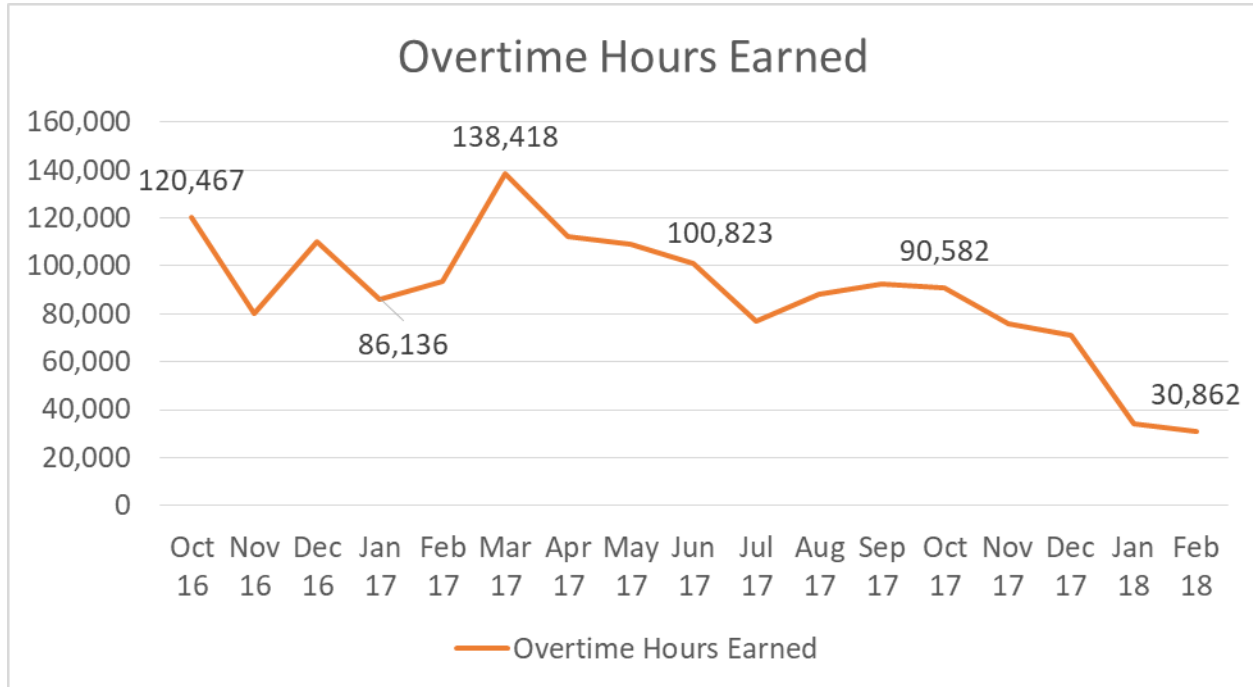
A. Analysis

Staff Turnover

During the 2016 CFSR Review, multiple stakeholders noted agency staff turnover as a concern in the effectiveness and quality of DFPS service provision. Stakeholders expressed concerns that high turnover affected timeliness of responses, quality service delivery and staff morale.

To better understand underlying causes for this issue, workforce data, input from staff during the new commissioner's Texas Tour in Fiscal Year 2017, survey results, stakeholder discussions, and testimony in Legislative interim hearings were analyzed. The root cause most significantly resulting in turnover and back-logged investigations was determined to be the critical need for additional caseworkers (particularly in Investigations) and the need for increased salaries. Both were needed in order to effectively recruit staff, decrease turnover and positively impact retention. In October 2016, the Texas Legislature approved the hiring of 828.8 new staff starting December 1, 2016 and increased salaries for direct delivery staff. Once the staff were hired and raises distributed, the impact on outcomes was visible: improved turnover rates in all stages of service, decreased caseloads, decreased pending and delinquent investigations, and increased timely transfer of cases.

Increased staff also enabled existing staff to have an improved work/life balance with less of a need for working overtime hours. The effect on overtime is illustrated in the chart below:



The University of Houston’s Graduate School of Social Work contributed to the root cause analysis with the completion of a compensation effectiveness study. The report included 21 recommendations such as increased pay for current and newly hired caseworkers, locality pay, and a regular merit program. Other recommendations included more frequent payment of overtime, regular use of compensatory time, and more flexible schedules for appropriate positions. A number of the recommendations have been implemented. DFPS marketed the unique value of its mission and competitive advantages of Texas state employment in recruitment materials and job postings. This includes State of Texas employee and retiree benefits, eligibility for the Public Service Loan Forgiveness Program as a full-time state employee, and a mentor stipend program. The Office of Field granted flexibility by allowing the use of a four-day work week. The threshold for the amount of Overtime Hours that each staff person must have before the agency would pay down the employee Overtime hours was decreased, producing a more immediate benefit for the hard work.

Training and Quality Issues

To clearly understand the impact of the training redesign, some of which had just been implemented at the time of the On-Site Review, the newly designed caseworker CPS Professional Development (CPD) model was thoroughly evaluated. DFPS received three evaluation reports from The University of Texas, with which the agency contracted to evaluate the new model’s impact on producing better-trained caseworkers. Findings indicate staff believe the new model better prepares caseworkers for the job and analysis of caseworker quality shows their skills are stronger. The reports found the CPD model is achieving the intended goals and contributing to building a higher-quality, more stable CPS workforce that will support the agency’s mission to protect children from abuse or neglect. CPD-trained

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caseworkers are 18 percent less likely to leave within their first year than caseworkers trained under the old Basic Skills Development (BSD) training model, resulting in approximately 340 fewer caseworkers leaving the agency during the evaluation period. CPD-trained investigators are more likely than their BSD-trained counterparts to meet critical casework deadlines, resulting in about 6,000 more children being contacted in a timely manner and having their investigation stages resolved more quickly. CPS staff consistently report that the CPD training model, which emphasizes field-based learning, mentoring, and individualized training and supervision, is the right approach for training new caseworkers. Staff say that CPD-trained new caseworkers receive a more realistic understanding of their job responsibilities earlier in their training, begin developing skills more quickly, and are more prepared when they become case assignable than their counterparts trained under the previous BSD training model.

As turnover decreased, new staff were hired and effectively trained, timeliness for initiating Investigations increased and backlogged Investigations decreased. Specific improvements are steady and will continue to be monitored. The Investigations Director of Field takes improvement steps if the threshold ever reaches 25% of the investigations being backlogged.

Structured case reviews indicate that some poor outcomes were related to casework quality issues and analysis of trends indicated the need to strengthen direct delivery supervision and management of cases. Building on the positive impact of the new caseworker training, stakeholders and DFPS managers determined Supervisors and Program Directors would also need similar additional support to enhance skills and understanding of data-driven supervision and decision-making within their management areas. Feedback from Regional Directors across the state indicates their view that Supervisors were challenged with understanding or focusing on overarching themes and trends, particularly when case review information was provided at a case-specific, granular level. Staff above the Supervisor level (Program Directors and Program Administrators) had not regularly received quarterly feedback on each of the specialized or ad hoc case reviews conducted in their area in a way that synthesized the information from multiple case reviews or provided insight into the functioning of their teams. Data available was found to be extensive and challenging to navigate. The Office of Field and Regional Directors believed that accountability within the regions required the understanding of data and performance in each program area by having regular feedback and data at a regional level, as well as assistance in identification of trends and areas needing focus.

B. PIP Goals, Strategies, and Key Activities

Goal 1: DFPS will reduce turnover and reduce the number of backlogged investigations statewide.

Item 1, Item 2, Item 3, Item 26, Item 27

1.1 Agency Leadership will regularly review Executive Dashboard data to make data-driven decisions on turnover and backlogged investigations.

Responsible Party: CPS Associate Commissioner and INV Associate Commissioner

1.1.1 INV and CPS Leadership will monitor the Executive Dashboard monthly.

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Projected Implementation Date: PIP Quarter 1

- 1.1.2 CPS Leadership meetings will begin with highlights of key Executive Dashboard metrics.

Projected Implementation Date: PIP Quarter 1

- 1.1.3 CPS and INV Leadership will meet on an ongoing basis to discuss backlogged investigations and case transfer procedures, using the Executive Dashboard to guide the discussion.

Projected Implementation Date: PIP Quarter 1

- 1.1.4 CPS Leadership will make staffing decisions based on the data from the Executive Dashboard.

Projected Implementation Date: PIP Quarter 1

1.2 DFPS will complete the redesign of CPS Supervisor Training (for both INV and CPS Divisions) for all supervisors across the state. (An implementation plan is available upon request.)

Responsible Party: INV and CPS Offices of Field, DFPS Center for Learning and Organizational Excellence Director

- 1.2.1 DFPS will redesign CPS Supervisor Training to focus on concrete skills needed to effectively supervisor a unit of caseworkers.

Projected Completion Date: PIP Quarter 1

- 1.2.2 DFPS will implement the use of CPS Supervisor Training for all new CPS Supervisors.

Projected Implementation Date: PIP Quarter 1

- 1.2.3 DFPS will arrange for or complete an evaluation of the new training.

Projected Implementation Date: PIP Quarter 1

1.3 DFPS will develop CPS Program Director Training (INV and CPS Divisions statewide).

Responsible Party: INV and CPS Offices of Field, Center for Learning and Organizational Excellence Director

- 1.3.1 DFPS will develop CPS Program Director Training to provide Program Directors with the skills needed to manage multiple units.

Projected Implementation Date: PIP Quarter 3

- 1.3.2 DFPS will implement the use of CPS Program Director Training for all new CPS Program Directors

Projected Implementation Date: PIP Quarter 3

- 1.3.3 DFPS will arrange for or complete evaluations of the new training and revise training, if indicated.

Projected Implementation Date: PIP Quarter 3

1.4 DFPS will strengthen Continuous Quality Improvement in order to better communicate trends and results to direct delivery staff across the state.

Responsible Party: CPS Director of Services and CPS Federal and Program Improvement Review Division Administrator

- 1.4.1 DFPS will realign the Federal and Program Improvement Review Division Quality Assurance Leaders to match the Regional Director structure, in order to provide

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consistency to the Regional Directors in promoting change based on case review findings.

Projected Completion Date: PIP Quarter 1

- 1.4.2 DFPS will expand the CFSR Structured Case Review Quarterly Report (regional and statewide) to include findings from all ad hoc and ongoing structured case reviews conducted within each quarter, in order to provide Leadership with a full picture of all conducted reviews.

Projected Implementation Date: PIP Quarter 2

DFPS will expand the use of qualitative structured case review tools with addition of “live read” reviews conducted by CPS Direct Delivery Program Directors each month. Conservatorship Program Directors are reading cases to evaluate casework and supervisor practices that impact permanency outcomes. The standardized case reading tool was developed with the CPS Data and Analytics Team after a meeting was held with statewide representation from regional conservatorship staff of all levels to give input into what the review guide should include, and specifically addresses some of the key issues that impact permanency. This allows Program Directors to review a sample of their units’ cases using qualitative review guides built off of Safety, Permanency and Well-Being principles. Program Directors seek to improve outcomes for children through a variety of ways in which they provide input and training to caseworkers and supervisors based on the information gathered from their case reads. Program Directors use the “live read” review findings to immediately address concerns on individual cases when a safety threat may be present. Program Directors hold case conferences with individual workers and supervisors and also have meetings with the supervisor teams they lead or full program meetings to address practice issues. Results will be used in unit and supervisor meetings, group supervision, and in conferences with an emphasis on informing, educating, and strategizing to change practice. Program Directors use the “live read” review findings to immediately address concerns on individual cases as needed, but they also may hold case conferences with individual workers and supervisors and have meetings with the supervisor teams or full program meetings to address practice issues. DFPS Data and Analytics and CPS Field Division team will gather and evaluate the case read results which will show not only statewide results but also regional, program or county trends. Worker Advisory Group contributions will be obtained to get input on options based on review findings, if needed. These results will be used at both state and regional levels to inform, educate, and strategize practice changes to achieve timely positive permanency and ensure quality services for children and families.

Projected Implementation Date: PIP Quarter 1

- 1.5 DFPS will strengthen Continuous Quality Improvement efforts to understand root causes of data changes and the impact of policy and practice changes**

Responsible Party: Director of Systems Improvement and CPS Director of Field

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1.5.1 Regional Systems Improvement Specialists will regularly analyze regional data and facilitate discussions with regional improvement teams to infuse an understanding of the impact of changes in regional data and outcomes to regional changes related to policy and practice changes. Regional improvement teams are developed in each region and include various levels of staff. Teams look at their own data, incorporate input from Supervisor and Worker Advisory Groups, and develop targeted strategies for improvement. These strategies are written into each region's Annual Business Plan, which makes them the focus of all staff in the region. Program Directors develop localized strategies for their units in order to make improvements in the outcomes for the children and families they serve.

Projected Implementation Date: PIP Quarter 1

1.5.2 Regional Directors will use content from regional improvement teams to strategize changes with all levels of staff when improvements are needed. Regional Directors staff this information on an ongoing basis with the Director of Field during their one-to-one conferences. The Director of Field attends various regional improvement team meetings throughout each fiscal year in order to participate in the improvement decisions and monitor tracking. The Director of Systems Improvement shares the cross cutting areas where performance is strong as well as areas that need improvement in the monthly briefings about the regional improvement teams held with the Office of Field.

Projected Implementation Date: PIP Quarter 4

1.5.3 Director of Systems Improvement and CPS Director of Field will meet weekly to discuss regional and statewide changes in data and outcomes related to policy and practice changes, or new strategies needed as a result of regional improvement team efforts.

Projected Implementation Date: PIP Quarter 1

Cross-Cutting Issue #2: Safety and Risk Decisions in Investigations must be monitored and sustained to avoid resuming overuse of Parental Child Safety Placements (PCSPs).

A. Analysis

Parental Child Safety Placement (PCSP) Usage

DFPS evaluated whether changes to policy and practice improved outcomes for children in Parental Child Safety Placements (PCSPs) and made recommendations about whether to expand the pilot in Region 3 to the rest of the state. The report addressed the number of children diverted from foster care as a result of a PCSP, the number of children that were able to remain in their home communities due to a PCSP, the ability of family members or other designated caregivers to provide for the children, the length of time children spend in a PCSP, the number of case closures due to a PCSP, and the number of families receiving legal assistance.

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DFPS had previously conducted a comprehensive analysis of PCSPs (Spring 2015) that indicated PCSPs were similar to kinship and foster care in terms of safety, and helped prevent removals. However, the analysis also revealed areas DFPS needed to strengthen. Additional analysis was conducted in December 2015 related to criminal and DFPS history in PCSP households. While conducting the analysis, DFPS did not use PCSPs where a household member had any criminal or DFPS history. DFPS used the analysis to strengthen its policy on placements in PCSPs with certain criminal or DFPS history and that policy went into effect in February 2016.

The evaluation of PCSPs included 12 special data pulls on PCSPs; 3,320 unannounced home visits and completed surveys on open PCSPs with a child under six; 714 case reads on closed PCSPs; and 1,306 survey responses from current PCSP caregivers. Instead of the over-reliance on PCSPs, the changes in protocol, policy, and accountability measures for Parental Child Safety Placements, which occurred in spring 2016, stopped the overuse of the practice in a safe way. Strong monitoring tools remain in place. There has been a 41% reduction in the use of Parental Child Safety Placements since Fiscal Year 2015, as compared with Fiscal Year 2018, when Fiscal Year 2018 (Quarter 1) is annualized. Data demonstrated that practice has indeed changed.

In September 2017, the targeted PCSP case review process was further strengthened with the incorporation of PCSP Case Analysts into the Federal and Program Improvement Review Division. Case review information obtained in Fiscal Year 2017 indicated the need to redesign the case review tool for Parental Child Safety Placements, resulting in a more qualitative, outcomes based tool. To ensure the changes in protocol, policy and practice are sustained, the PCSP case review results will be incorporated into quarterly feedback to the regions provided by the Federal and Program Improvement Review Division. Initial review and approval of Parental Child Safety Placements are still made by the local Program Director. Additionally, the Program Director Ongoing monitoring continues to ensure positive change is sustained.

Safety and Risk Assessment Skills

In addition, to address concerns about the need to strengthen quality of safety and risk assessment, DFPS implemented the use of Structured Decision Making (SDM®) tools in Investigation, Family Based Safety Services, and Conservatorship stages of service. These practice tools have strengthened the assessment of risk and safety and improved engagement of families in services and community supports. DFPS contracted for technical assistance for the development of the Texas Structured Decision Making tools through the National Council on Crime and Delinquency. Implementation science was used in tool development and implementation of the practice.

To better understand the impact of the new tools on assessing safety and risk, DFPS completed an initial analysis of the SDM tools in February 2016. That analysis identified that a relatively low rate of high/very high risk cases were being opened for services and there was variation among the regions. Based on that analysis, DFPS implemented joint staffings with Child Safety Specialists and Program Directors for any high or very high risk investigation with a child under the age of 3 being closed without

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ongoing services. CPS has also been analyzing information gathered from the Child Safety Specialist reviews and has conducted a follow-up analysis after the staffings were implemented. DFPS continues to evaluate the roll out of the suite of SDM tools.

SDM[®] was selected by DFPS as it is an evidence-based approach. It helps caseworkers make consistent, fair and accurate decisions. It emphasizes collaboration between DFPS, families, and others important to the family. SDM[®] also provides a structured approach to improving the accuracy and consistency of decisions, while working together with those who can help keep children safe, now and forever.

SDM[®] does not take the place of a caseworker's years of training, experience with risk assessment, and critical thinking skills but gives caseworkers a more structured way of making those critical decisions in a way that involves everyone in the child's life. Used together, the Safety Assessment starts from the very beginning of a case, focusing on the child's safety, and the Risk Assessment tool looks at the child's long-term well-being. SDM[®] is designed to provide:

- **Reliability:** SDM[®] focuses on the most critical points in a systematic way. This reliability increases consistency in both assessment and case planning for every child. Each case is reviewed objectively and decisions are made based on facts, not one person's judgment.
- **Validity:** Risk Assessment looks at families and children according to how likely it is the child would be harmed in the future, letting caseworkers take advantage of services especially designed for those at highest risk.
- **Equality:** Assessments made using SDM[®] make sure the most important facts in each case are looked at the same way, every time, regardless of any outside factors, such as income levels and the like.
- **Utility:** The SDM[®] model is easy to use and understand. Caseworkers are able to organize information and case data better, easier and in a more meaningful way by focusing on the most critical elements of each child's situation. The SDM[®] Assessments also make it easier for supervisors and outside agencies to communicate better on the child and family's status.

SDM[®] tools help the caseworker determine what is best for each child in each case. It helps caseworkers use both internal and external resources in a targeted way to help both the child and the family gain real benefit from ongoing services.

B. PIP Goals, Strategies, and Key Activities

Goal 2: DFPS will sustain the practice changes that have led to the appropriate, safe use of Parental Child Safety Placements in all regions.

Item 2, Item 3, Item 13, Item 14, Item 15

2.1 DFPS will develop qualitative structured case reviews for Parental Child Safety Placements (PCSPs), to include a statewide sample of new Parental Child Safety Placements when at least

one child is under age 6, as well as a statewide sample of closed cases in which a child remained in a Parental Child Safety Placement.

Responsible party: Investigation Policy Division and Federal and Program Improvement Review Division Administrators

2.1.1 DFPS will analyze input from Investigation and FBSS supervisors, Office of Field, and data in order to identify areas of concern. DFPS will match the review guides with policy requirements. DFPS will design questions for “live reads” (new PCSPs while case is open) and for post closures of PCSP.

Projected Completion Date: PIP Quarter 1

2.1.2 DFPS will design and test the tools with sample reviews.

Projected Completion Date: PIP Quarter 1

2.1.3 DFPS will train reviewers for consistency and inter-rater reliability.

Projected Completion Date: PIP Quarter 1

2.1.4 DFPS will offer training calls to program staff on the new PCSP review guides.

Projected Implementation Date: PIP Quarter 2

2.2 DFPS will conduct statewide PCSP case reviews on a monthly basis.

Responsible party: Federal and Program Improvement Review Division Administrator

2.2.1 Monthly, random sample of “live read” PCSP cases to be pulled from PCSPs with at least one child under the age of 6 years in the PCSP and the PCSP initiated between 14 and 21 days of the sample pull.

Projected Implementation Date: PIP Quarter 1

2.2.2 Monthly, random sample of closed cases to be pulled for cases in which a case closed with at least one child remaining in a PCSP. Closure codes will indicate whether the case was closed with the PCSP intact.

Projected Implementation Date: PIP Quarter 1

2.2.3 Quarterly analysis of findings and trends to be provided in the regional and statewide quarterly report.

Projected Implementation Date: PIP Quarter 2

2.3 Monitor data for numbers of PCSPs used to ensure elimination of overuse is sustained.

Responsible party: Offices of Field (Investigation and CPS)

2.3.1 DFPS will monitor data warehouse reports on a quarterly basis.

Projected Implementation Date: PIP Quarter 1

2.3.2 DFPS will use PCSP data to inform decision making with program staff.

Projected Implementation Date: PIP Quarter 1

2.4 DFPS will develop a training podcast for field staff addressing the most commonly asked question from the field regarding PCSPs and the areas noted from case reviews as needing improvement.

2.4.1 The Division of Federal and Program Improvement Review will work with the Investigation and Family-Based Safety Services programs to identify what information is needed in the PCSP podcast.

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- 2.4.2 The Division of Federal and Program Improvement Review will develop curriculum for the podcast, with input from Investigation and Family Based Safety Services, including field level staff and the statewide Supervisor and Worker Advisory Committees.
- 2.4.3 The Division of Federal and Program Improvement review with work with the Center for Learning and Organizational Excellence (CLOE) to develop and distribute the podcast.
- 2.4.4 The Division of Federal and Program Improvement review will provide the podcast to staff when questions are received or improvement needs are noted following regular case reviews.

Cross-Cutting Issue #3: Delays in case transfers negatively impact outcomes.

A. Analysis

Case review data, in the 2016 CFSR Final Report, indicated Well-Being measures were lower for FBSS cases than for cases reviewed in the Conservatorship stage of service. CPS examined its Family Based Safety Services (FBSS) program and the range of services provided, looking at underlying causes and barriers to improving outcomes. The analysis resulted in identification of the below findings:

1. Disparity in the number of providers delivering a particular service in a particular region.
2. Lack of available specialized services to match a family needs with available services.
3. Shortage of substance abuse providers, trauma-informed therapy, homemaker services, and customized parenting classes.
4. Lack of data to measure provider effectiveness, such as parental behavior change, recidivism, and preventing removals.
5. Lack of access to resources in rural areas.

Transfer of Cases between Stages

A new transfer protocol was implemented in 2016 after the 2016 CFSR review period. Transfer delays were reduced with increased staff and turnover reductions. To better understand whether the new protocol and additional staff resolved the cross-cutting issue, the quarterly CFSR Structured Case Reviews conducted since 2016 were analyzed. Overall, each quarter, case reviews continued to show measures were lower for FBSS cases on Safety and Well-Being Outcomes, as compared to Conservatorship cases. Thus, reduced backlogged investigations and the new case transfer process did not result in improved outcome measures and were not the complete resolution. Investigation Program Directors are reviewing each investigation that is referred to FBSS to determine if the referral is appropriate. Additionally, case staffings are held between the two programs to ensure a timely transfer for the family. Finally, Regional Directors, Program Administrators, and Program Directors in Investigations and Family Based Safety Services have joint meetings to work on any barriers or issues that impede timely transfers between stages of service.

B. PIP Goals, Strategies, and Key Activities

Goal 3: DFPS will strengthen the provision of FBSS and practices to engage families across the state in order to better achieve safety and child and family well-being outcomes.

Item 2, Item 3, Item 12B, Item 13, Item 14, Item 15

FBSS Casework Quality

DFPS has provided Family Based Safety Services (FBSS), also known as "in-home services" and "family preservation services," since the 1970s. These services are designed to maintain children safely in their homes by strengthening the family's ability to protect their child and reduce dangers to their child's safety. FBSS can provide a variety of services - either directly by CPS staff, through contracted services providers, or through referrals to community-based providers. Traditionally, services have included, but are not limited to, family counseling, crisis intervention, substance abuse treatment, and domestic violence intervention. Currently, FBSS caseworkers may also provide one-on-one parenting and homemaker skills in areas where community-based services are not available.

DFPS is in the process of conducting two Family Based Safety Services (FBSS) pilots for the provision of services by a single entity able to offer case management, a continuum of case oversight quality community/paid services, and evidence-based, evidence informed, or promising practice supported interventions responsive to the needs of the families served. The contractor is to expand services in areas that are historically lacking resources with the goal of increasing the quality of services provided and utilize evidence-based, evidence informed, or promising practice services to align with family-centered practices that are replicable in diverse geographic and demographic settings.

In January 2018, DFPS contracted with Pathways Youth and Family Services to assume responsibility for the first pilot site, Region 10 (El Paso and surrounding counties). The second pilot site is undetermined at this time. Pathways began serving families in March 2018 and, as of June 1, is now serving all FBSS families in Region 10. DFPS performed the first onsite monitoring in late June 2018 (results pending).

DFPS shall review the progress of the Region 10 pilot and will assess whether the pilot has resulted in improved child safety, permanency, and well-being for children and youth and whether changes will allow for expansion of the pilot to other regions of the state.

The Division of Systems Improvement conducted an analysis using multiple data sources and found three challenges facing FBSS: 1) engaging caregivers; 2) creating timely and tailored service plans that address safety; and 3) determining what to do when a family is not progressing. Internal Audit staff conducted an audit of 95 FBSS cases to assess whether FBSS processes were in place to effectively support the identification and resolution of root causes of family issues, engagement of families and their extended support networks, and reduction of risk before cases are closed. The audit also assessed utilization of analyses, case reviews, and assessments to improve FBSS processes and outcomes. The analysis looked at several key points, including individualization of family plans of service, addressing

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root causes before case closure, monthly evaluation and closing summary format, family commitment, and engagement.

An internal FBSS workgroup was convened and, using the findings from both the Analytics and Evaluation and Internal Audit reviews, created next steps based on the analysis. The workgroup members mapped topics associated with family engagement, timely service plans that address safety, and what to do when a family is not progressing. The group then identified next steps for strengthening and revitalizing the FBSS stage of service delivery from which FBSS quality improvement strategies were created.

3.1 DFPS will convene an FBSS Improvement Workgroup to lead the work of identifying root causes of weaknesses in the FBSS program, review data regarding FBSS outcomes, and identify and implement remedies to strengthen the FBSS program.

Responsible party: CPS Office of Field

3.1.1 DFPS will convene the FBSS Workgroup with staff from various levels and from across the state and hold a kickoff meeting.

Projected Implementation Date: PIP Quarter 1

3.1.2 The workgroup will identify FBSS Mission, Vision and Values.

Projected Implementation Date: PIP Quarter 1

3.1.3 The workgroup will analyze the available findings and outline objectives for the improvement effort.

Projected Implementation Date: PIP Quarter 1

3.1.4 The workgroup will identify changes needed to support practice improvement.

Projected Implementation Date: PIP Quarter 1

3.1.5 The workgroup will work with State Office and Regional leadership to implement the changes and work with the regions to determine the impact of implementation.

Projected Implementation Date: PIP Quarter 1

3.1.6 The workgroup will monitor the impact of the changes and maintain continuous quality improvement as needed.

Projected Implementation Date: PIP Quarter 1

3.1.7 The workgroup will take into consideration judicial input regarding FBSS cases with court-ordered services.

Projected Implementation Date: PIP Quarter 1

3.2 DFPS will develop a toolkit for all FBSS staff to better understand and address key aspects of their casework (to include initial contacts, contact frequency, timely service plans, parent/child contacts, quality family time, engaging legal and judicial stakeholders, and evaluation of progress).

Responsible party: CPS Office of Field

3.2.1 The workgroup will clarify policy around the key aspects of FBSS work, including possible additional revision to the case transfer protocol.

Projected Completion Date: PIP Quarter 1

- 3.2.2 DFPS will consider asking a parent and external experts to participate in the workgroup. DFPS will work with Casey Family Programs for technical assistance to support the work.

Projected Completion Date: PIP Quarter 1

- 3.2.3 DFPS will establish standards and measures for assessing progress of the FBSS program.

Projected Completion Date: PIP Quarter 3

3.3 DFPS will strengthen FBSS Service Plan Development by focusing on proper use of the Family Strengths and Needs Assessment (FSNA) tool, training caseworkers to develop behaviorally-based danger statements connected to root causes with families, develop specific and individualized goal statements that result in observable behavioral change, and engage with families to identify relevant tasks to achieve their goals.

Responsible Party: CPS Office of Field

- 3.3.1 DFPS will develop a method to track FSNA completion with data and increase the percentage of completed FSNAs.

Projected Completion Date: PIP Quarter 1

3.4 DFPS will revise the qualitative “live read” case reviews for FBSS in all regions.

Responsible Party: CPS Office of Field and Federal and Program Improvement Review Division Administrator

- 3.4.1 DFPS will analyze input from reviews and data in order to identify areas of concern. DFPS will match with policy requirements.

Projected Completion Date: PIP Quarter 1.

- 3.4.2 DFPS will design and test the tool with sample reviews.

Projected Implementation Date: PIP Quarter 1.

- 3.4.3 DFPS will revise the tool as needed.

Projected Implementation Date: Ongoing

- 3.4.4 DFPS will train reviewers for consistency and inter-rater reliability.

Projected Implementation Date: PIP Quarter 1

- 3.4.5 DFPS will hold a series of training calls for FBSS Program Directors, who will also use the reading tool within their own units.

Projected Completion Date: PIP Quarter 1

- 3.4.6 DFPS will implement the use of the case review tools for reviewing a sample of high risk FBSS cases each week.

Projected Completion Date: PIP Quarter 1

- 3.4.7 DFPS will take results of FBSS live reads and use to inform staffings with caseworkers, use in supervisory coaching, and integrate findings of aggregate trends into regional improvement.

Projected Completion Date: PIP Quarter 1

3.5 DFPS will make data-driven decisions to decrease recidivism in FBSS cases.

Responsible party: CPS Office of Field

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3.5.1 DFPS will monitor progress toward less recidivism through data warehouse reports posted monthly. DFPS will make program decisions using the ongoing data to guide them.

Projected Completion Date: PIP Quarter 1 and ongoing

3.5.2 DFPS will establish a protocol to staff any new intakes received on an open FBSS case with the Caseworker, Supervisor, and either Risk Manager or Program Director in order to fully assess all risk and safety threats to the children.

Projected Implementation Date: PIP Quarter 1

3.6 DFPS will implement a pilot outsourcing FBSS case management in 2 sites. (An implementation plan is available upon request.)

Responsible party: CPS Director of Field

3.6.1 DFPS will negotiate a single contract with a Family Services Contractor to provide case management services for Region 10, El Paso.

Projected Implementation Date: PIP Quarter 1

3.6.2 DFPS will provide training to the Family Services Contractor in order to prepare them for full case management responsibilities.

Projected Implementation Date: PIP Quarter 1

3.6.3 DFPS will begin the process of transferring cases to the Family Services Contractor for full case management services.

Projected Implementation Date: PIP Quarter 1

3.6.4 DFPS will provide ongoing quality assurance reviews of cases managed by the Family Services Contractor and compare performance to other legacy areas of the state.

Projected Implementation Date: PIP Quarter 2

3.6.5 Upon successful implementation in Region 10, DFPS will begin the process to expand the pilot to a second catchment area.

Projected Implementation Date: PIP Quarter 8

3.6.6 DFPS will work with court stakeholders to ensure effective and appropriate use of court involvement in cases with court-ordered services.

Projected Implementation Date PIP Quarter 4

3.6.7 DFPS will engage the judiciary in expansion efforts.

Projected Implementation Date PIP Quarter 4

Cross-Cutting Issue #4: DFPS should improve Parental Engagement to strengthen outcomes in all stages.

A. Analysis

Ongoing Federal and Program Improvement Review structured case reviews continue to emphasize a need to better engage parents in all stages of service, particularly absent and incarcerated parents and those who are active members of the household but not engaged by the caseworker. Opportunities for

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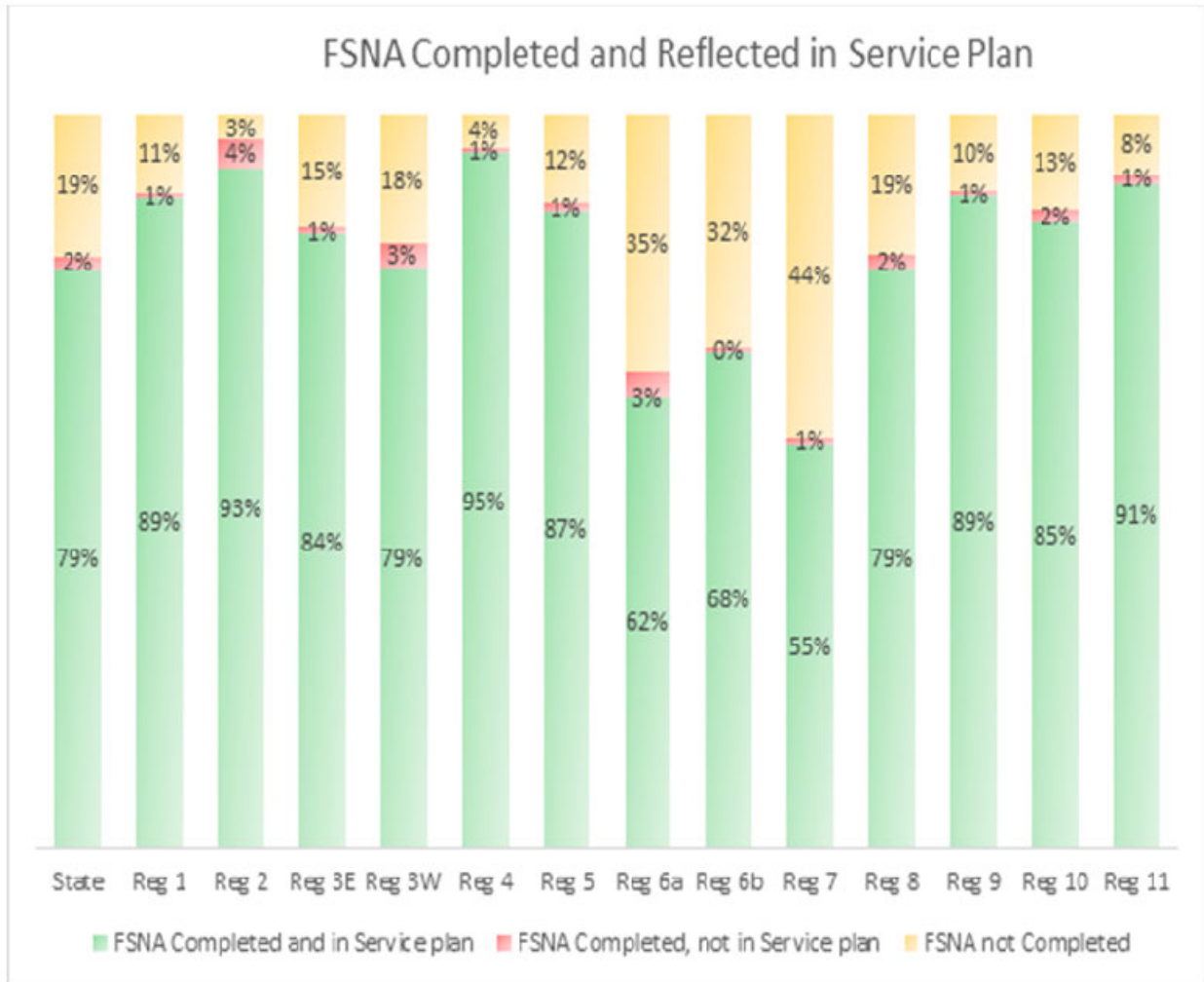
the parent to participate in the child's activities while the child is in care were determined to be insufficient and, in many ways, influenced by transportation barriers the parents experienced. Diligent efforts to locate absent parents were present in the findings; however, insufficient face-to-face visits and lack of quality contacts and assessments with parents (with a known location) who do not live in the primary home with the child was a noted trend. This lack of effort to engage and make sufficient face-to-face contact with parents for assessments and case planning remains an issue.

While DFPS recognizes the need for improvement in family engagement, there are several areas of strength to build upon. DFPS utilizes parents who have successfully navigated the CPS system to help inform policy and practice through the Parent Collaboration Group. This group is also used as a resource for participation on panels at training forums for CPS field staff to share firsthand experiences of what was found helpful or unhelpful when working with CPS. DFPS also began a Kinship Collaboration Group to get input on policies and practices that affect kinship caregivers and the children cared for while working with CPS. CPS has ongoing partnerships with external stakeholders, such as CASA and advocates within the domestic violence community, which provide the agency the opportunity to hear directly from parents and families in order to build a stronger child welfare system that proactively engages with the families served. In 2016, DFPS worked closely with domestic violence partners to update Investigation disposition guidelines in order to consider the role the victim of domestic violence had or did not have in the CPS allegations. Statewide training was given to Investigation staff and other staff to introduce the disposition guideline updates and included panels of domestic violence survivors who shared personal stories with staff.

Effective Assessment of Families

To better understand what was contributing to the issue, the agency analyzed data regarding how caseworkers conducted parent assessments and subsequently developed plans of service, which staff and stakeholders believe to be the first phase of engagement. The third SDM tool was implemented statewide in September 2016. The Family Strengths and Needs Assessment (FSNA), used in both Family-Based Safety Services and Conservatorship stages, was required to be completed within the first 21 days of transfer to FBSS or Conservatorship from Investigations and is focused on identification of strengths and needs of the family. In order to successfully engage the family, CPS needed to work with the family to identify strengths to build on and challenges the family was experiencing. To better understand the causes of insufficient engagement, DFPS evaluated the use of the FSNA tool for cases in July 2017.

Supervisors reported that among FBSS and CVS cases open in July 2017, 81% had used the FSNA. All Regions were above 81% except Region 6a (65%), 6b (68%), and 7 (56%). When the FSNA was completed, it was included in service plans in 98% of cases, suggesting it was found to be useful. The data is portrayed in the graph below:



Completion of Family Plans of Service

As the data indicated such a high percentage of staff using FSNA content in the service planning process, the timeliness for completion of the Family Plans of Service was studied. In Fiscal Year 2016, 64% of the initial Family Plans of Service in the FBSS stage of service were completed timely. Emphasis on timely completion resulted in improvement to 76% in Fiscal Year 2017 and 86% for Fiscal Year 2018 (through February). Building on the improvement seen with successful FSNA usage and timely service planning in FBSS, a report to collect similar data in the Conservatorship stage of service was designed. For Fiscal Year 2018 to date, 80.4% of the Family Plans of Service in the Conservatorship stage have been completed in 45 days.

The Office of Field Division convened a workgroup of Conservatorship Program Directors from across the state to examine FSNA and Family Plan of Service data and discuss root causes that were contributing to poor parental engagement. The group also reviewed data regarding family reunification and monitored returns, discussed as part of the analysis for cross-cutting issue #5 (below). The group determined

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ineffective family engagement was also impacting safe reunification without recidivism. As a result of the analysis of data and case review outcomes, the Conservatorship Program Directors decided they must ensure staff are:

- successfully engaging families,
- assessing the families' needs,
- connecting family to appropriate service providers, and
- critically analyzing all of the information gathered to make sound safety decisions.

To evaluate staff ability to complete these tasks and better lead improvement, the Office of Field directed Conservatorship Program Directors to conduct a monthly quality case read of a sample of cases (4 cases per month from their program area) and use that direct case knowledge to emphasize permanency goal selection and parental engagement. There are specific questions on the reading tool that ask the Program Director conducting the review to address whether parental engagement with each parent is sufficient. This monthly review began in February 2018 and will help identify additional root causes for family engagement going forward.

Issues for parents that impact safety, permanency and well-being

To better understand causes contributing to poor family engagement, DFPS also looked at factors associated with needs of the parents, such as those related to substance abuse disorders or domestic violence. With regard to substance abuse, the Meadows Mental Health Policy Institute (MMHPI) conducted a February 2018 analysis regarding substance use disorder needs and current services in Texas. Its findings indicated that nearly 8 of every 100 Texans has a substance use disorder, with most having an alcohol-related disorder and one in five having a drug-related substance use disorder. The MMHPI determined that substance use disorders are the leading contributor to children entering the CPS system, contributing to two-thirds of CPS cases in 2016. Although data used to contribute to this report demonstrated a concern for substance abuse by one or more family members (not a confirmation or diagnosis) and further evaluation might eliminate these concerns, there is general consensus that many removals involve some form of substance abuse. However, the MMHPI also included a report from a 2015 nationwide analysis that indicated Texas had the third lowest ratio of substance use disorder providers (17.7) per 1,000 adults living with such a disorder. By comparison, the national average for the same time period was 32.1 providers per 1,000 adults living with a substance use disorder.

The commitment to address the prevalence of domestic violence in CPS cases began with a legislatively mandated task force created after the 82nd Legislative Session, which has recently been supported through a grant from the Office of the Texas Governor beginning in Fiscal Year 2015 that funds a dedicated program specialist to help further the work. In order to help CPS staff assist families with family violence issues, a Resource Guide entitled *Disposition Guidelines for Domestic Violence* was published. This effort was designed to address one of the challenges identified for working with families experiencing domestic violence -- confusion and lack of understanding regarding the roles of the alleged perpetrator, the alleged adult victim, and definitions of domestic or family violence.

Although steps and strategies are identified for work on this area, the use of the Program Director reading guide and the ongoing structured case review process will further inform the agency regarding additional root causes.

B. PIP Goals, Strategies, and Key Activities

Goal 4: DFPS will strengthen parental engagement in all regions and in all stages.

Item 12B, Item 13, Item 14, Item 15, Item 27

4.1 DFPS will revamp expectations for working with absent and incarcerated parents.

Responsible party: CPS Division Administrator for Permanency

4.1.1 DFPS will review the policy and the Incarcerated Parents Resource Guide direction to staff regarding locating and/or engaging absent and incarcerated parents to promote and more clearly outline expectations.

Projected Completion Date: PIP Quarter 3

4.1.2 DFPS will develop a data report that specifically identifies exits to permanency with a non-custodial parent and monitor the data

Projected Completion Date: PIP Quarter 3

4.1.3 DFPS will train caseworker staff regarding changes to the policy and the Incarcerated Parents Resource Guide direction to staff regarding locating and engaging absent and incarcerated parents.

Projected Completion Date: PIP Quarter 3

4.1.4 DFPS will monitor engagement of the absent and incarcerated parents and make adjustments, as data indicates.

Projected Completion Date: PIP Quarter 3

4.1.5 Consult with attorneys who represent parents to determine barriers and possible strategies to strengthen DFPS policy and practice.

Projected Completion Date: PIP Quarter 3

4.1.6 DFPS will seek input from the legal community and judiciary with regard to proposed policy changes.

Projected Completion Date: PIP Quarter 3

4.2 DFPS will implement the Volunteer Expansion program that will train volunteers to assist biological parents with transportation to visits and appointments.

Responsible party: Community Affairs Program Specialist

4.2.1 DFPS will recruit volunteer support to increase transportation for parents to go to court appointments, services, visitation, and appointments with children.

4.2.1.1 DFPS will create forms and guidelines for the transportation volunteer roles.

4.2.1.2 DFPS will establish a Volunteer Match account to recruit volunteers for the new role.

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4.2.1.3. DFPS will promote the transportation volunteer opportunity by sending articles to multiple associations for distribution in their newsletters.

Project Implementation Date: PIP Quarter 1

4.2.2 DFPS will screen and match volunteers to parents (including background checks, confidentiality agreements, insurance, driver's licenses, safe vehicles and others).

4.2.2.1 DFPS will add trainings that volunteers are required to complete prior to service.

4.2.2.2 DFPS Human Resources Division will review the driving history of transportation volunteers.

Project Implementation Date: PIP Quarter 1

4.2.3 DFPS will report monthly on the number of transportation volunteers.

4.2.3.1 Regional Community Engagement Specialists will submit monthly reports on the number of transportation volunteers to the Office of Volunteer and Community Engagement.

4.2.3.2 The Office of Volunteer and Community Engagement will produce a statewide monthly report of regional data.

Projected Implementation Date: PIP Quarter 4

4.3 DFPS will implement a network of local providers designed to meet the specific needs of families in the Community Based Care catchment areas (such as Quality Parent Initiative in Region 3B Catchment Area). (An implementation plan is being developed and will be available upon request.)

Responsible party: CPS Community-Based Care Director

4.3.1 During Stage I implementation of Community-Based Care, DFPS will use a readiness tool to assess the Single Source Continuum Contractor's development of residential and community providers to meet the unique needs of the children under their continuum of care. Region 3b was completed in June 2014.

Projected Implementation Date: Region 2 and Bexar County: PIP Quarter 5*.

*Dependent on contract execution.

4.3.2 During Stage II implementation of Community-Based Care, DFPS will use a readiness tool to assess the Single Source Continuum Contractor's development of purchased client service and community providers to meet the unique needs of family members served under their continuum of care

Projected Implementation Date: Region 3b: PIP Quarter 3*; Region 2 and Bexar County: PIP Quarter 8*.

*Dependent on contract amendment and execution.

4.4 DFPS will improve casework with families whose fathers are reconnecting with children after an incarceration.

Responsible party: CPS Division Administrator for Permanency and Fatherhood Best Practices Specialist

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4.4.1 DFPS will create a resource guide for staff which addresses best practices for engaging fathers of children in DFPS conservatorship who are re-entering the community after exiting prison or jail.

Projected Implementation Date: PIP Quarter 5

4.4.2 DFPS will create a best practices tip sheet for staff on engagement strategies and resources for fathers who are incarcerated.

Projected Completion Date: PIP Quarter 6

4.4.3 DFPS will train caseworker staff regarding identified best practices.

Projected Completion Date: PIP Quarter 3

4.4.4 DFPS will monitor engagement of incarcerated parents and make adjustments to policy and practice, as data and feedback from the regions indicate.

Projected Completion Date: PIP Quarter 3

4.5 DFPS will complete a video series for regional staff statewide to provide more practice guidance on how best to engage and support the parent victim of family violence, the children, as well as the parent using violence, implementing a change process to increase safety and well-being for all family members.

Responsible party: CPS Division Administrator for Permanency and Domestic Violence Program Specialist

4.5.1 DFPS will create modules including PowerPoints, Video scripts depicting Scenarios, and Handouts for internal review and external stakeholder coordination.

Projected Implementation Date: PIP Quarter 2

4.5.2 DFPS will notify regional staff of the modules as they are released for mandatory participation.

Projected Implementation Date: PIP Quarter 2

4.5.3 DFPS will monitor staff usage and Post-Test Data to ensure delivery and compliance and make updates as needed.

Projected Completion Date: PIP Quarter 4

4.5.4 DFPS will work with the Children's Commission to make practice guidance available to legal stakeholders.

Projected Implementation Date: PIP Quarter 2

4.6 DFPS will continue to raise awareness and improve practices regarding the importance of family engagement with staff and child and parent representatives who have direct contact with the parents and children served by the agency.

4.6.1 DFPS will hold a statewide leadership conference for Program Directors and above to focus on leadership skills with regional staff. Parents who have received services from CPS will provide a mandatory training session on parental experiences, the importance of CPS practicing family engagement, and how to treat each family with respect and build on the family's strengths.

Projected Completion Date: PIP Quarter 1

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- 4.6.2 DFPS will include a session at the statewide leadership conference on the topic of “Why Belonging Is Important”, focusing on the importance of preserving connections for children in care and brainstorming concrete ways field staff can make improvements in individual casework practice.

Projected Completion Date: PIP Quarter 1

- 4.6.3 DFPS will continue to support a Kinship Caregiver Collaboration Group to include Kinship caregivers who have received services from CPS. The Kinship Caregiver Collaboration Group will participate in the design, implementation and evaluation of CPS programs, policies and services. This project is focused on encouraging collaboration with kinship caregivers who have been affected by the CPS service delivery system and can provide a unique and valuable perspective on how to improve services to families and children. The mission of the Kinship Caregiver Collaboration Group is to provide:

- Recommendations to the agency regarding how services may be improved for children and families;
- Training opportunities to workers regarding the kinship caregiver perspective; and
- Support to kinship caregivers and function as a means to link kinship caregivers and CPS in partnerships.

Projected Implementation Date: PIP Quarter 1

- 4.6.4 DFPS will develop and support subsets of the Kinship Caregiver Collaboration Group, known as Regional Kinship Caregiver Support Groups. These groups will provide regional/local opportunities for Kinship caregivers with open CPS cases to obtain greater insight regarding the CPS system and provide them the opportunity to give feedback about their experiences. The Regional Kinship Caregiver Support Groups are a venue where kinship caregivers who have successfully exited the CPS system share their experiences, knowledge of the system, procedures, and other input with other kinship caregivers currently involved with CPS.

Projected Implementation Date: PIP Quarter 1

- 4.6.5 Parent Collaboration Group members and Foster Care Youth will participate as panel members at the 2018 CASA Child Welfare Primer on the topic of “Parent and Youth Court Involvement: How can we elevate their voices?”. The panel conversation will set out to strengthen the Texas child welfare system for children and families by working together to develop new approaches and expand on current initiatives, to improve child and family engagement in service planning and the court and legal processes. Two panels will feature youth, parents and kinship caregivers with foster care involvement. The first panel will discuss recent DFPS initiatives to update how service plans are created, with the goal of increasing collaboration between CPS, parents, caregivers and contracted placements. After this panel discussion, attendees will have small group guided discussion on the merits of this new model. The second panel will discuss the importance of family and youth advocacy in court and in the legal process. After this panel discussion attendees will have small group guided discussions about how child

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and family voices can be better incorporated into the process. Parent Collaboration Group members will be at each table and member of CPS field staff will be in attendance to note the feedback.

Projected Completion Date: PIP Quarter 1

- 4.6.7 DFPS will work to increase the number of Parental Support Groups throughout the state by reaching out to parents who have successfully navigated the CPS system, help support and organize new groups as they develop, and connect them to parents who are currently receiving services. DFPS will incorporate this feedback, as appropriate, into ongoing work.

Projected Implementation Date: PIP Quarter 4

- 4.6.8 DFPS will produce a video about a father who has been involved with CPS as a parent, and it will focus on his experience and what he learned about fatherhood. DFPS will distribute it to staff in order to continue the message of parental engagement.

Projected Implementation Date: PIP Quarter 3

- 4.6.9 DFPS leadership will send out a series of messages to staff focusing on different aspects of family engagement, using the CPS Practice Model as a guide. Messages will include personal stories from parents who navigated the CPS system.

Projected Implementation Date: PIP Quarter 2

- 4.6.10 DFPS will update the Memorandum of Understanding among DFPS, HHSC, and the Texas Council on Family Violence on behalf of the Family Violence Programs to incorporate practice guidance in the Disposition Guidelines on Investigations when domestic violence is occurring in the family, and develop and attend ongoing training at least every other year to encourage cooperation, coordination and eventually build collaboration in intervention and prevention.

Projected Completion Date: PIP Quarter 6

- 4.6.11 DFPS will utilize the subcommittee of the Children's Commission Legal Representation Workgroup to obtain legal and court stakeholder feedback.

Projected Completion Date: PIP Quarter 3

- 4.6.12 DFPS will provide to the Children's Commission the guidance DFPS is giving its staff regarding trends, practice changes, or information in order to raise awareness of agency changes among the judiciary and legal stakeholders. The Children's Commission will distribute the information in a manner accessible to statewide judges and appropriate legal stakeholders.

Projected Implementation Date: PIP Quarter 3

Cross-Cutting Issue #5: DFPS must improve the use of appropriate Permanency Goals.

A. Analysis

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As identified in the 2016 CFSR Final Report, there are continued barriers to improving permanency outcomes, including a lack of individualized service plans, effective service array, and stronger engagement of family in plans. Permanency Outcome 1 remains the weakest outcome for current performance and represents a significant struggle. In the most recent CFSR Structured Case Review, the main trends noted for the quarter in Permanency Outcome 1 were:

- Permanency goals do not change when circumstances of the case change or when it is clear the goal is no longer appropriate. For example, keeping adoption or guardianship as a goal when a child is in a monitored return home with the parents. Another example is having guardianship identified as a concurrent goal, when it is clear that adoption is going to be achieved and is the only appropriate goal.
- There were delays in timely achievement of permanency goals. For example, goals are not reached timely if the goal of family reunification was not achieved within 12 months of entry into foster care, the goal of adoption was not achieved within 24 months of entry into foster care, or the goal of guardianship was not achieved within 18 months of the child's entry into foster care. It is noted that there was an adoption home study that was not completed timely, a relative home study that was not completed timely further delaying guardianship, and delays in achieving permanency in a timely manner due to the lengthy nature of the ICPC process.

Permanency Goal Selection and Intersection with Family Engagement

The Office of Field Division convened Conservatorship Program Directors to examine the data and discuss root causes. The group began with the understanding that the preferred permanency is to exit to safe reunification, but there had not been a significant change in the numbers of children with this positive permanency outcome. Specifically, 1 in 8 children (12.9% in Fiscal Year 2016 and 12.8% in Fiscal Year 2017) were found to have experienced a disruption from a monitored return and re-entry conservatorship within the next 12 months. While a significant majority exit to positive permanency to parents or kinship when combined, less than 1 in 3 children ultimately exit permanently to reunification (31% in Fiscal Year 2016 and 30% in 2017). The group determined effective permanency goal selection and family engagement were key issues that impact safe reunification without recidivism. Using Federal and Program Improvement Review CFSR quarter reads, the group focused on the following three issues:

- Documented permanency goals for children in care do not always match case information.
- When choosing concurrent goals, only one goal was appropriate for the child's situation and the agency was not actively working on both goals.
- Lack of ongoing face-to-face contact with all parents results in a lack of ongoing assessments of need, provision of services and engagement with case planning.

As a result of the analysis of data and case review outcomes, the Conservatorship Program Directors decided they must ensure staff are:

- successfully engaging families
- assessing family needs

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- connecting families to appropriate service providers, and
- using critical thinking to analyze all of the information gathered to make sound safety decisions.

To evaluate staff ability to complete these tasks and better lead improvement, the Office of Field directed Conservatorship Program Directors to conduct a monthly quality case read of a sample of cases (4 cases per month from their program area) and use that direct case knowledge to emphasize permanency goal selection and parental engagement.

Service Planning

Case planning is at the core of ensuring children in DFPS conservatorship achieve positive permanency. For many years, though efforts were made to combine the two effectively, CPS and residential providers had their own plans of service for children in foster care. This was not only duplicative work, but most importantly caused confusion between those involved and slowed progress toward achievement of positive permanency. In order to achieve optimal outcomes for children and youth, stakeholders agreed it is critical that CPS and caregivers are on the same page with regard to each child's care. In recognition of that important partnership, DFPS collaborated with a group of providers and external partners to develop a service planning model that includes the use of a single child plan of service and a joint service planning meeting model. Stakeholders discussed the mechanism for enacting the single case plan and determined the Family Group Decision-Making approach, when possible, has the greatest opportunity for family engagement in the service planning process.

Kinship Caregiver Support

The CFSR Final Report identified the need for kinship caregiver support, indicating permanency efforts involved kinship caregivers without sufficient support. According to a December 2016 DFPS analysis of Texas Kinship Care, the kinship caregiver is often not prepared financially, materially, or emotionally to care for an extra child or sibling group, but will make the difficult decision to take in a relative child to avoid their placement in foster care. The report recommended CPS and its partners develop new ways to eliminate or minimize barriers kinship caregivers face in caring for a child. Research shows that kinship caregivers are more likely than non-kinship foster parents to:

- Face financial burdens
- Face physical and mental health issues
- Be single caregivers
- Have unique work schedules
- Lack adequate transportation
- Lack a high school degree or GED equivalent
- Experience language barriers
- Be age 50 or older

Between 2005 and the date of the report, the number of children in foster care placed with kinship caregivers increased by 69.7%. The report indicated that over the last couple of years, the percentage of kinship placements for all substitute care placements plateaued close to the 40% level. Input was

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obtained from Kinship Caregivers in Kinship Caregiver Collaboration Groups, occurring across the state after having been created in Fiscal Year 2017. Barriers identified by that group included financial support needs, as well as the need for a stronger support system (which has been strengthened by the Kinship Groups across the state). To increase kinship placements, minimize kinship disruptions and sustain kinship options, the report indicated additional support is needed. The Legislature understood the need based on the evaluation, data, and testimony from kinship caregivers and enacted a revision of the Relative and Other Designated Caregiver Assistance Program.

Structured case reviews, the legislative process, and analysis of the data indicate ongoing concerns with barriers in the legal process in Texas, particularly for cases in which the legal status is temporary managing conservatorship and the child does not exit quickly to positive permanency. Family and stakeholder engagement in the court process, including the youth voice and timely notification are needed to avoid interfering with timely positive permanency. Children and youth with specialized needs associated with the effects of trauma or behavioral health issues exit to positive permanency much more slowly than others.

Assessment of Older Youth

According to stakeholders, youth in the Texas child welfare system need to be assessed earlier in order to increase normalcy experiences and increase the achievement of permanency outcomes for older youth, especially those who may age out of care. The assessment of youth's individualized needs should be done earlier in order to have more time for each youth to gain skills and experiences needed to be successful as adults. This need exists even as positive permanency options continue to be actively pursued.

TPR Filing Process

With the emphasis in the 2016 CFSR on the Texas Termination of Parental Rights filing process and disagreement regarding whether it is a true barrier to positive permanency, in 2017, the Children's Commission surveyed judges who hear child welfare cases on an array of issues. One of the issues was their perception about the costs and benefits of pleading for termination of parental rights in the alternative at the outset of the case. There is no evidence from stakeholders or data showing that the existing TPR filing process is a significant factor in delaying permanency.

Most respondents agreed that the practice is more efficient, ensures parents understand the potential consequences of non-compliance with court orders, and allows the state to save money on pleadings and process service that can then be used for services to directly support families and children.

- 83% agree or strongly agree it is "the most efficient practice for DFPS" in regards to service
- 77% agree or strongly agree it saves financial resources that can be better spent elsewhere
- 86% agree or strongly agree it "ensures that parents are aware that [termination] is a possibility"

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Some judges who responded did acknowledge that the practice can create some confusion and distrust between the agency and parents.

- 30% agree or strongly agree it creates “confusion and distrust” and 28% agree or strongly agree it has a “damaging effect on parents’ perception that they will be treated fairly.”

Only 16%, however, agree or strongly agree that the practice “undermines permanency for children [by] inject[ing] a systemic bias against reunification.”

While the judicial responses raised concerns about confusion and distrust, DFPS is looking at ways to mitigate those concerns. Using a Family Group Decision-Making approach to service planning (in which parents are encouraged to invite individuals, related or not, they consider to be significant people in their lives to participate), ensuring the first visitation occurs within 5 days of the child entering care, and seeking kinship options for the child’s first placement (in Fiscal Year 2017, 40.2% of all first placements were with a kinship caregiver) all contribute to reducing the parent’s initial distrust. Multiple stakeholders indicated the root cause of delays to positive permanency are associated with the lack of availability of a sufficient service array, placement capacity, and parental issues that take longer to resolve (such as substance abuse).

Participation and Engagement in the Legal Process

Multiple staff, stakeholders, youth, families and advocates have voiced concern about the impact when youth do not actively participate in the legal process, attend hearings, or experience opportunities to express their views to a judge. A Roundtable analyzing the issue was held and the “Youth Presence in Court Proceedings” report was published by the Children’s Commission in July 2016. Participants in the Roundtable included youth, parents, staff, legal stakeholders, placement providers, and advocates. Obstacles identified in the Roundtable included transportation and distance from home, court dockets not accommodating to children and youth, courts not designed for children, inadequate notice to children and other interested parties, and the age of the child. Recommendations included training (regarding what the law requires, Jurist in Residence letter and Attorney Resource letter to highlight roles and expectations), practice/court changes (courts should make individual decisions before excusing a child, adopt hourly or half-day docketing practices to reduce waits, consider conducting a trauma audit to assess functioning), technology (automated notice solutions, video-conferencing), and increased resources (updated Bench Book and Bench Cards regarding interviewing children, message to stakeholders on the notice system, ensure judges and attorneys have information on notice and alert systems and video conferencing services).

With implementation of the Children’s Commission recommendations with regard to notice and engagement and video conference, there has been progress. Currently, the Supreme Court Children’s Commission and the Office of Court Administration hosts a CPS Hearing Notification technology, which provides hearing notice by email to court participants (attorneys, CPS personnel, CASA, parents, relative caregivers, and pre-adoptive/foster parents) involved in cases heard by Child Protection Specialty

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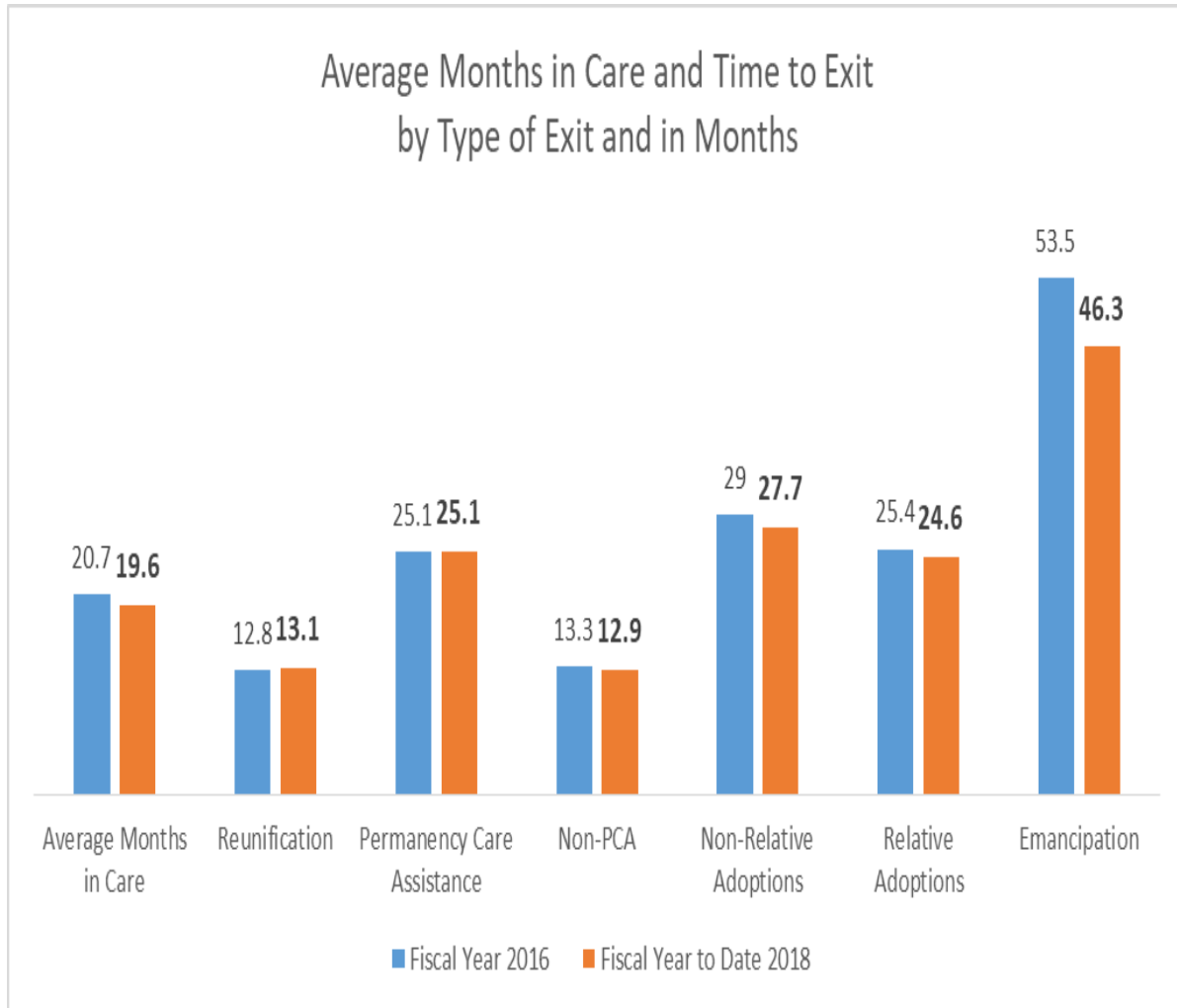
Courts. Effective November 1, 2017, notification via text became available. The number of interested parties who sign up for the Notice and Engagement alert system increased. In Fiscal Year 2017, there were 720 users. Total users to date for Fiscal Year 2018 is 966 and at the same date in Fiscal Year 2017, there were 502 users. A total of 7541 hearing notifications were sent in the last 12 months. The Video Conference project has not experienced the same growth. There are 44 Courts, 98 residential facilities, and 38 CASA offices which have been video enabled. While this is substantial, there does not appear to be much expansion of use in the past year.

Regarding the petition filed to initiate the plea for conservatorship of a child and in the alternative, the termination of parental rights, the Children’s Commission convened a workgroup that agreed that Texas Rule of Civil Procedure 13 and Civil Practice and Remedies Code Section 10 apply to DFPS pleadings, and that an amendment to Texas Family Code Section 161.101 may be appropriate to highlight to practitioners and courts that these rules apply to the Department’s pleadings.

The workgroup, which included parent advocates and other legal stakeholders, also agreed that DFPS may continue to plead prospectively. In other words, DFPS may continue to plead grounds that may not be ripe at the time of pleading, but may ripen as the case proceeds and certain circumstances occur. The workgroup also reached consensus and agreed that the practice of pleading in the alternative can effectively be balanced with parent’s rights with the clear wording and quality legal representation. Specifically, DFPS may continue to file a petition that seeks the alternative remedies of conservatorship of a child and termination of parental rights.

DFPS agreed to make changes made to its pleadings to make it clearer to parents that certain grounds would only come into play if evidence was developed to support moving forward on those grounds (e.g. “if it is shown that...”).

Analysis of the data shows that, despite concerns about speed to positive permanency and the impact of the TPR filing process on time to exit, most exits to permanency have reduced when measuring the length of time between entry to and exit from conservatorship. Overall average months in care (measured from removal to exit from conservatorship) has decreased and average months in care has decreased for all exit types except for Reunification. The time decreased from an average of 53.5 months in care prior to aging out of care to 46.3 months (a substantial reduction over time, as it averaged 61.5 months in 2008). Data below illustrates the change:



A Judicial Summit was convened by the Children’s Commission in November 2017. As part of the summit Regional Directors and Judges shared location-specific child welfare data and discussed ways to improve achieving permanency for children in care. The Judges and Regional Directors engaged in discussion to determine gaps in the system within their jurisdictions and develop remedies to improve permanency. These sessions have occurred twice in the past two years (November 2016 and November 2017), hosted by the Children’s Commission (Court Improvement Project).

The agency and stakeholders heard extensive testimony regarding the Texas Family Code, legal process and how child welfare cases progress through the court system during multiple hearings dedicated to revising the relevant statute. House Bill 7, an omnibus bill impacting legal proceedings, passed with a variety of changes impacting the court process and legal parties. An ongoing workgroup of stakeholders

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was convened in late 2017 to discuss whether “pleading in the alternative”, instead of filing for Termination of Parental Rights in the beginning should be used in some or all circumstances. The workgroup will continue to meet throughout 2018 in order to identify final solutions and recommendations.

B. PIP Goals, Strategies, and Key Activities

Goal 5: Strengthen the use of appropriate permanency goals and the Legal case review process to help children and youth more quickly achieve positive permanency in all regions.

Item 5, Item 6, Item 7, Item 8, Item 9, Item 10, Item 11, Item 12B, Item 13, Item 18, Item 23, Item 24, Item 36

5.1 DFPS will implement an ongoing monthly Conservatorship Program Director quality case review in all regions, combining the results with data review and structured case review content to emphasize permanency goal selection and family engagement.

Responsible party: CPS Office of Field

- 5.1.1 DFPS will design a quality case review tool, with input from quality assurance staff, field staff and systems improvement staff, focusing on quality casework activities that will help children reach positive permanency as quickly as is safely possible.
Projected Completion Date: PIP Quarter 1
- 5.1.2 DFPS will train Program Directors on the use of the tool.
Projected Completion Date: PIP Quarter 1
- 5.1.3 DFPS will begin monthly case reviews (4 cases per Program Director) and enter results into Survey Monkey tool. The initial case reviews will focus on children newly in foster care (the sample pulls cases between 80 and 110 days old) in order to be able to make any needed changes to the permanency plan or case activities in order to help the child achieve positive permanency as quickly as is safely possible.
Projected Completion Date: PIP Quarter 1
- 5.1.4 DFPS will discuss case review results and how they compare with other data and case reviews monthly. DFPS will use all these data points to make data-informed decisions on case practices.
Projected Implementation Date: PIP Quarter 1
- 5.1.5 DFPS will take case review results and data and use to inform staffings with caseworkers, use in supervisory coaching, and integrate findings of aggregate trends into regional improvement, which may include discussing or providing relevant trends to judges. During these meetings, regional staff will provide feedback on issues which may indicate the need for changes in policy and/or practice.
Projected Completion Date: PIP Quarter 1
- 5.1.6 Annually, DFPS will provide aggregate data to the Children’s Commission and judiciary with identified trends impacting courts.
Projected Implementation Date: PIP Quarter 3

5.2 DFPS will initiate Implementation of the Single Child Plan of Service, to allow DFPS and Child Placing Agencies the opportunity to work jointly on a child's service plan.

Responsible party: CPS Division Administrator for Permanency

- 5.2.1 DFPS will convene a work group with DFPS and residential providers.
Projected Implementation Date: PIP Quarter 1
- 5.2.2 DFPS will develop a uniform Single Child Plan of Service tool.
Projected Implementation Date: PIP Quarter 1
- 5.2.3 DFPS will develop a modified initial case plan meeting in which the tool would be used.
Projected Implementation Date: PIP Quarter 1
- 5.2.4 DFPS will pilot the meeting format and tool in Region 2.
Projected Implementation Date: PIP Quarter 1
- 5.2.5 DFPS will make recommendations for expansion statewide once the tool is available in IMPACT).
Projected Implementation Date: PIP Quarter 8

5.3 DFPS will implement House Bill 4 statewide, which directed changes to Relative and Other Designated Caregiver Assistance Program.

Responsible party: CPS Division Administrator for Permanency and Kinship Program Specialist

- 5.3.1 DFPS will develop policy and protocol for the new payment model.
Projected Completion Date: PIP Quarter 1
- 5.3.2 DFPS will develop and implement a communication strategy for kinship caregivers, stakeholders and staff.
Projected Implementation Date: PIP Quarter 1
- 5.3.3 DFPS will develop and implement a financial payment process.
Projected Implementation Date: PIP Quarter 1
- 5.3.4 DFPS will formally evaluate House Bill 4 impact and report to Legislature, including analysis of impact on use of verification by kinship caregivers and pursuit of Permanency Care Assistance, and incorporate changes to practice and policy as needed.
Projected Completion Date: PIP Quarter 6

5.4 DFPS will review policy and statewide practice for concurrent permanency planning.

Responsible party: CPS Division Administrator for Permanency and Permanency Program Specialist

- 5.4.1 DFPS will strengthen the Resource Guide for staff regarding expectations for use of concurrent goals, particularly the use of one goal with concurrent planning for permanent caregivers.
Projected Completion Date: PIP Quarter 3
- 5.4.2 DFPS will retrain Family Group Decision-Making Facilitators (who facilitate service planning process) with expectations and examples of appropriate permanency concurrent goals.
Projected Implementation Date: PIP Quarter 4

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- 5.4.3 Consult with attorneys who represent parents to determine barriers and possible strategies to strengthen DFPS policy and practice.
Projected Completion Date: PIP Quarter 3
- 5.4.4 DFPS will share information with the legal community and judiciary regarding proposed policy changes.
Projected Completion Date: PIP Quarter 3

5.5 DFPS will continue to participate in the annual Judicial/Regional Director meeting.

Responsible party: CPS Director of Field, Children’s Commission

- 5.5.1 Regional Directors and judges participating in the Children’s Commission annual conference will meet to discuss data, gaps, and processes annually throughout the PIP.
Projected Implementation Date: PIP Quarter 1
- 5.5.2 Regional Directors and judges participating in the Children’s Commission annual conference will review data from their regions jointly with Regional Directors to confer on systemic improvements.
Projected Implementation Date: PIP Quarter 1
- 5.5.3 Regional Directors will identify 3 topic areas for discussion at the annual Child Welfare Judges Conference related to exits to positive permanency, obtain court specific data on the topic selected, and use court-specific local data for use in meetings with the judges in their regions to analyze court-specific barriers and discuss further changes needed for systemic improvement following Child Welfare Judges Conference. Examples of topics may include examining a lower reunification rate in a region compared to the statewide average, reunification to the parent from whom a child was removed vs. exit to a non-custodial parent, or time to reunification. Regional Directors will work with Judges to identify “next steps” that may be taken to impact change and schedule individualized opportunities to follow up with Judges.
Projected Completion Date: PIP Quarter 4

5.6 DFPS and the Children’s Commission will do a “deeper dive” into state, regional, and local challenges.

Responsible party: CPS Director of Field, Children’s Commission

- 5.6.1 The Children’s Commission will provide funding in Dallas County Family Courts to promote achieving permanency for children in the Permanent Managing Conservatorship of DFPS. The funding for this project will cover the employment of an Associate Judge and Court Coordinator. The PMC Court will handle using best practices modeled after the Harris County PMC Project. Dallas County was identified for this project because it is one of the largest urban centers in the state, with many children in care longer than 12 months.
Projected Implementation Date: PIP Quarter 6

- 5.6.2 The Children’s Commission will consider hiring a Court Improvement Project Data Analyst who can access publicly available data from DFPS and analyze data in a manner that directly benefits the judiciary through reports and infographics.

Projected Implementation Date: PIP Quarter 6

5.7 DFPS and the Children’s Commission will strengthen Court Involvement by Interested Parties and Stakeholders.

Responsible party: CPS Director of Services, Children’s Commission

- 5.7.1 DFPS and the Children’s Commission will continue to collaborate on improving notice and engagement of parties beyond the areas of the state where the automated notice and engagement resource is currently operational. Further, for Fiscal Year 2018, the Office of Court Administration will write a program that can be utilized by all county and district court clerks in Texas to link dockets to the notification system, which will allow interested parties and stakeholders in all Texas counties to opt in to the email / text hearing notification system. Improving access to notice of hearings allows interested persons to attend hearings and increases hearing participation by those persons.

Projected Implementation Date: PIP Quarter 4

- 5.7.2 The Children’s Commission facilitated a foster parent panel at its annual Child Welfare Judge’s Conference in 2017 to emphasize the importance of engaging foster parents, kin and caregivers in the hearing process to ensure the best and most accurate information about the child is delivered to the judge. The Children’s Commission will continue to work with DFPS to improve notice, access, engagement, and best practices in involving families and caregivers in the planning and progress of a child’s case.

Projected Implementation Date: PIP Quarter 1

- 5.7.3 DFPS and the Children’s Commission will conduct a survey of child welfare legal stakeholders regarding sufficiency of legal representation of parents and children and develop recommendations for sharing with the Children’s Commission Collaborative Council for system improvement.

Projected Implementation Date: PIP Quarter 4

5.8 DFPS and the Children’s Commission will analyze further the impact of filing for Termination of Parental Rights at the outset.

Responsible Party: CPS Deputy Associate Commissioner, Children’s Commission

- 5.8.1 The Children’s Commission conducted a judicial survey about the practice of filing for Termination of Parental Rights as part of initial pleadings and the impact of the practice on permanency. The compiled results will be discussed by legal stakeholders.

Projected Implementation Date: PIP Quarter 8

- 5.8.2 The Children’s Commission hosted a group of stakeholders to discuss alternative pleadings and the impact on suits affecting the parent-child relationship and whether practices need to be modified. Based on recommendations of the workgroup, several practices will be changed.

5.9 DFPS will implement efficiencies (including additional support, if appropriate) for the ICPC division to improve timeliness of out of state relative/kinship homes studies and placements to keep children with families and support permanency.

Responsible Party: Director of Permanency

5.9.1 The ICPC plan will focus on the regional ICPC coordinators having a greater role in managing ICPC requests generated by their region, requests from other states, along with monitoring and tracking their region's compliance.

Projected Implementation Date: PIP Quarter 4

5.9.2 To support this direction, monthly reports on delinquent home studies as well as their rate in making face to face contact with children placed from another state will be developed for regional leadership.

Projected Implementation Date: PIP Quarter 8

5.9.3 To support this goal, DFPS is analyzing whether it may implement an electronic interstate compact technology.

Projected Completion Date: PIP Quarter 6

5.9.4 DFPS will partner with the Children's Commission to conduct a judicial survey to solicit information about challenges and suggestions to improve permanency efforts for cases involved in ICPC.

Projected Completion Date: PIP Quarter 3

5.10 DFPS will continue to partner with Texas Court Appointed Special Advocates (CASA) to support Collaborative Family Engagement.

Responsible Party: Division Administrator for Permanency

5.10.1 DFPS will support Collaborative Family Engagement is to create better outcomes for children in the Texas child protection system by identifying, locating and engaging family members and other committed, connected adults so they can be involved in the child's care and permanency planning.

Projected Implementation Date: PIP Quarter 4

5.10.2 DFPS will jointly review Collaborative Family Engagement evaluations and review content for indicators of need for practice change in regional CASA/regional CPS collaboration.

Projected Implementation Date: PIP Quarter 4

5.10.3 DFPS will identify and implement strategies as a result of the Collaborative Family Engagement evaluations in regional CASA/CPS collaborations. Monitoring of the impact of the implementation on outcomes will continue to be shared and feedback solicited from the regions and CASA to better support any future implementation efforts.

Projected Implementation Date: PIP Quarter 4

5.10.4 DFPS will share content from the Collaborative Family Engagement evaluation and recommended next steps with the judiciary. Suggestions and comments regarding trends will be incorporated, as needed.

Projected Implementation Date: PIP Quarter 4

5.11 DFPS will further analyze factors contributing to recidivism after reunification.

Responsible Party: Director of Systems Improvement Division

5.11.1 Children who return home and have a subsequent confirmed allegation or case open for ongoing services within 12 months has slightly increased from 11% in Fiscal Year 2016 to 13% in Fiscal Year 2018 to date. The Office of Data Analytics is conducting an in-depth analysis to identify and address factors contributing to the increase.

Projected Implementation Date: PIP Quarter 2

Cross-Cutting Issue #6: Improvement in Statewide Resources Service Array will positively impact outcomes.

A. Analysis

Behavioral Health, Medical and Developmental Assessments of children in DFPS conservatorship

There are evidence-based, trauma informed, comprehensive strategies to assess the individualized needs of children within 30 days of removal from their home. These assessment tools are designed to be used to drive the development of the initial child's plan of service in order to set appropriate permanency goals, prioritize service needs and tailor services to each child. Discussions with regional staff and managers, Medical Services Division problem-solving with staff, reviews of service plans when compared to the tool results showed confusion about the requirements, capacity concerns, and a lack of understanding on how to use the resulting information for comprehensive assessment and effective individualized service planning. Three components, when viewed individually, are not currently effectively used to drive the service plan development in the beginning of a conservatorship case. These tools include:

1. The **new 3-Day Medical Exam**. The 85th Texas Legislature enacted a law to address concerns regarding health needs of children in conservatorship. Children determined to be unable to remain safely in their own homes need to be seen by a medical professional early and often to ensure a baseline assessment of their medical, developmental and behavioral health needs immediately upon being removed from the home. According to the [American Academy of Pediatrics](#), children and youth in care have significant medical needs.
 - Up to 80% of children come into care with at least one medical problem.
 - 1/3 of children come into care with a chronic medical condition.
 - Up to 80% of children and adolescents enter with a significant medical need
2. The **Texas Health Steps Checkup**. Analysis of quarterly HHSC claims data for Fiscal Year 2016 and 2017 indicates that compliance with a timely, initial 30 day Texas Health Step Checkup, though better than the general population, is not sufficient. The percentage of children determined from case reviews, IMPACT data and random reviews of Health Passport information indicate children have had a medical assessment within required time frames. However, these medical assessments do not meet the criteria for a Texas Health Step Checkup. Sample case reviews show the issue is not whether they were seen, but more the timeliness.

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Quarterly case reviews indicate 92.9% had a Texas Health Step checkup completed and entered within the child's health passport. Quarterly case reviews indicate only 71.4% of the checkups were completed timely. (Source: Federal and Program Improvement Review case reviews) Stakeholder discussions indicate the confusion is understanding the difference between a doctor visit and the Texas Health Steps Checkup.

3. The **CANS Assessment**. The 84th Texas Legislature mandated the implementation of an evidence-based, trauma-informed, developmentally appropriate, consistent assessment tool for children entering DFPS care. Beginning September 2016, for new removals of children age three years and older, DFPS implemented a requirement for an initial Child and Adolescent Needs and Strengths (CANS) Assessment to be obtained within the first 30 days of entry into foster care. Analysis of statewide data indicate not all eligible children are receiving their initial CANS Assessments. Though improving, data shows timely compliance is not where it should be.

Evaluations of both existing tools (Texas Health Steps Checkup and CANS Assessment) was conducted prior to the legislative mandate to implement a 3-Day Medical Exam. An analysis of challenges and barriers to completing the two tools and implementation of strategies to improve compliance rates indicated that the strategies were not working and the improvement had not occurred. After completion of strategies to ensure staff, providers, caregivers and stakeholders understand the policy and protocol, as well as how to obtain the evaluations, the root causes become more clear: The tools are viewed more as required tasks, lacking the understanding of their usefulness for service planning; there are insufficient CANS providers in some areas; and there are frustrations in some areas with the ability to access STAR Health providers. Additionally, there was confusion about the difference between a Texas Health Steps checkup and a visit with a medical doctor, who may not be a certified Texas Health Steps provider or who may not complete all required elements of the specific Texas Health Steps checkup. Structured case reviews indicated 86% of children saw a medical provider, though the Texas Health Steps compliance rates were lower. Thus, the decision was made to implement the new 3-Day Medical Exam within the context of a broader view, incorporating the other two tools into a resulting single practice approach: "3 in 30", referring to the three separate tools within 30 days after removal. Communication, training, preparation, and monitoring will address this causal relationship with the emphasis on viewing the three tools together and their purpose for assessment of need, identification of an individualized service plan and targeted service delivery.

General Physical and Behavioral Health Services Challenges

Listening sessions for concerns about access to CANS providers, to Texas Health Steps providers, and any other health-related access issues are held in each region prior to their implementation of the 3 Day Medical Exam. Additionally, a series of listening sessions with residential providers were conducted across the state by the Texas Alliance for Child and Family Services and Superior (STAR Health managed care organization). Themes expressed in the sessions and resulting action included:

- Provider availability. Nearly every community meeting brought up the issue of outdated doctor directories or doctors listed who are not taking new patients, concerns regarding whether STAR

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Health network providers are trauma-informed; and challenges in making doctors' appointments when seeing multiple specialists. To address this area, the Health and Human Services Commission has been conducting audits (calls to contact providers as a new patient would, noting availability and response findings) on Texas Health Steps providers and CANS assessors. Updates are reported monthly to the Joint Team Meeting, attended by DFPS, HHSC, and Superior staff. Corrections to provider directories are made when the need is found.

- STAR Health support. Challenges were identified in obtaining service coordination, help from a member advocate, or the nurses. To respond to this item, DFPS Medical Services and Superior collaborated on development of a DFPS toolkit of trainings for DFPS and Stakeholders. It is available to the general public as well: <https://www.fostercaretx.com/providers/resources/training.html>
- Challenges accessing the Health Passport were identified. Superior upgraded the technical structure of the Health Passport in 2017 and committed to trainings, communications, and technical assistance to Child Placing Agencies. HHSC has conducted multiple "walk through's" to view the changes and make recommendations.
- Participants wanted more communication about STAR Health services and what was available through STAR Health. In response, Superior increased the use of its team of dedicated STAR Health trainers that provide trainings out in the community for DFPS Placement Providers. Webinars regarding specific services are also posted online and attendance is a standing item at the monthly Joint Team Meeting.

Case or situation-specific details obtained are individually addressed. Participants to provider meetings or "3 in 30" meetings are encouraged to provide details and these are subsequently shared with HHSC, Superior and DFPS. Follow up actions are also shared with partners. Superior is planning to conduct additional round table discussions with residential providers in 2018 to identify any additional barriers stakeholders are experiencing, identify systems issues, and make improvements.

Life Skills Assessments for older youth in conservatorship.

Input obtained from stakeholders, advocates, youth, caregivers and CPS staff indicated concerns youth were assessed for transitional living service needs too late to enable effective use of PAL Life Skills and other services needed to prepare for independence. The Texas Legislature enacted legislation and appropriated funding to start assessments earlier (at 15 years beginning in Fiscal Year 2018 and 14 years beginning in Fiscal Year 2019). It directed the agency to make a plan to revise PAL training curriculums for 15 year olds. Beginning earlier, stakeholders believed the life skills assessments would provide greater opportunity to prepare youth, would help the agency target its resources, and would increase the youth's willingness to engage in services and normalcy activities.

Assessments of needs and access to services during a family's first involvement with DFPS

DFPS began implementing Alternative Response in Fiscal Year 2015. Alternative Response is used for priority 2 intakes when all children are over the age of 6 years and when formal screening determines

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there are no serious physical or sexual abuse allegations and the case needs further assessment. The goals of Alternative Response are: maintain child safety while reducing the reoccurrence of maltreatment, increase family satisfaction, increase service usage, and increase staff job satisfaction.

DFPS evaluated the approach when the first areas were implemented in order to determine whether the use of Alternative Response was working as intended and whether goals were being achieved. The evaluation found that, as compared to a similar group of children in investigations occurring before Alternative Response rolled out, children in Alternative Response cases had a lower rate of recurrence. The lower recurrence was most pronounced for racial and ethnic minorities. Families in Alternative Response cases had a lower rate of needing Family Based Safety Services or substitute care. Families were also more satisfied with their interactions with DFPS, more likely to receive a referral from staff about available services, and more likely to use a service when referred. A survey of staff and supervisors who worked Alternative Response cases showed they generally preferred working Alternative Response cases versus traditional investigations, although they did have suggestions for needed additional training and support. DFPS used this evaluation information to plan its further implementation efforts and statewide implementation continues.

Trauma Informed Services in all stages

In order for services and practice to result in improved outcomes, input from stakeholders and staff indicated that the Texas child welfare system must become even more Trauma Informed, must increase system-wide understanding of the impact of trauma and must improve the quality of trauma informed services. To best understand this, the Meadows Mental Health Policy Institute conducted an analysis of Trauma-Informed Care in Texas, concluded in summer 2017. The analysis included interviews with 75 individuals from a wide array of Texas organizations and systems that work with children in foster care, including state agencies, child welfare agencies, foster care agencies, Court Appointed Special Advocates (CASAs), judges, researchers and trainers from Trauma-Informed Care models and approaches, and other community agencies. The Meadows analysis found:

- Child-serving systems are training staff in trauma-informed care.
- Despite the availability of training that addresses understanding and treating trauma, there is still an expressed need to train child welfare staff and foster parents.
- The main child-serving systems in the state of Texas have taken some steps towards becoming trauma-informed.
- The primary cross-system trauma-informed approaches being implemented in Texas are all based on the Adverse Childhood Experiences (ACEs) research and are grounded in the same trauma-informed framework.

A Statewide Collaborative on Trauma-Informed Care will continue to focus on root causes and help make recommendations for the state child welfare system as a whole going forward.

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The CPS Trauma-informed Care and Mental Health Program Specialists serve as the DFPS members of The Children and Youth Behavioral Health Subcommittee to the Behavioral Health Advisory Committee, the primary advisory voice to the Texas Health and Human Services Commission for issues related to mental health and substance use for Texans of all ages, with a focus on trauma-informed care and improving local mental health systems of care for children and youth with serious mental health challenges and their families. The Child and Youth Behavioral Health Subcommittee is composed of members from child and youth-serving systems, such as child welfare, juvenile justice, education and mental health.

As part of Child and Youth Behavioral Health Subcommittee, DFPS is a partner of the Texas System of Care, a which delivers trauma-informed services and supports to children and youth with serious mental health concerns and their families, with a focus on keeping children and youth in their communities and reducing the need for intensive settings, such as hospitals, residential treatment centers and juvenile correctional settings. DFPS coordinates to refer children in conservatorship who may benefit from wraparound services through the YES Waiver of System of Care grants at Local Mental Health Authorities. The vision of the Texas System of Care initiative is that all Texas children and youth have access to high quality mental health care that is family-driven, youth-guided, community-based, culturally-grounded, and sustainable. The mission is to strengthen the collaboration of state and local efforts to weave mental health supports and services into seamless systems of care for children, youth, and their families.

Substance Abuse Services for families in all stages

As mentioned above, the Meadows Mental Health Policy Institute conducted an analysis of information regarding substance use disorder needs and current services in Texas. A significant root cause for challenges in effectively working with and obtaining services for families with one or more family members experiencing a substance use disorder is the prevalence of the disorder and the statewide lack of service providers (for families associated with DFPS, as well as the general public). Their findings included that nearly eight of every 100 Texans has a substance use disorder, with most having an alcohol-related disorder and one in five having a drug-related substance use disorder. The Institute determined that substance use disorders are the leading contributor to children entering the DFPS system, contributing to two-thirds of DFPS cases in 2016. Although data used to contribute to this report indicated concerns and the need for further evaluation and some could have the concerns eliminated, there is agreement that the majority of removals involve substance abuse in one way or another. However, the Institute also reported on a 2015 nationwide analysis that indicated Texas had the third lowest ratio of substance use disorder providers (17.7) per 1,000 adults living with such a disorder. By comparison, the national average for the same time period was 32.1 providers per 1,000 adults living with a substance use disorder.

Residential Capacity Needs Assessment

Ongoing challenges associated with building residential capacity to match the needs of the Texas foster care population were identified as a cross cutting issue and were spelled out in public reports to the

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Texas Legislature, submitted twice a year. The DFPS Rider 21 Report for Foster Care Redesign (August 2017) outlined the assessment of the current status for Texas and helps to define root causes for the capacity challenges. By statute, DFPS is required to report selected performance measures that allow for comparative analysis between the legacy foster care and redesigned foster care systems (formerly referred to as Foster Care Redesign and now called Community-Based Care). Additionally DFPS must provide a report of the most recent data for the selected comparative performance measures, an analysis of the data that identifies trends and impact occurring in the redesigned foster care system, identification and analysis of factors negatively impacting any outcomes, recommendations to address problems identified from the data, and any other information necessary to determine the status of the redesigned foster care system. In the 2017 report, DFPS discussed trends, impact, analyses of the factors that affect the outcomes, and recommendations to address problems that have been identified.

In an effort to more strategically build Texas' foster care capacity, DFPS produces an annual foster care needs assessment. The most recent (February 2017) published assessment includes an analysis of two years of historical foster care placement activity to understand how the system has performed in the past, along with a forecast of foster care placement demand for fiscal year 2017-2018. The analysis helped to identify patterns and develop the methods for how need can be calculated. DFPS can use the forecast to more specifically estimate local area capacity need using the methods established by the analysis and what was learned about supply in each area. DFPS uses this data to partner with placement providers and other stakeholder groups to develop foster care capacity across the state.

The general logic used to calculate "capacity need" is the number of placements that were made in a county or region during a set time period (supply) minus the number of placements needed for children from the county or region during the same time period (demand). A substantive negative calculation denotes missing capacity, a positive oversupply. The calculation was built on the logic that a county or region would use all placement supply to serve children from the county or region. The report consists of data maps and tables that can be used together to investigate capacity needs in a county or region. The following findings represented initial analysis presented to local stakeholders within DFPS, the provider community, and advocates to continue to understand capacity needs (specific to catchment areas identified in the assessment):

1. Regions 2 (Abilene), Region 4 (Tyler), Region 9 (Midland/Odessa), and Region 11A (Corpus Christi) are clear areas of the state for whom foster care capacity is needed at all ages and authorized service levels, and for whom sharing with neighboring catchments has not been a solution.
2. Region 1 (Amarillo/Lubbock), Region 5 (Nacogdoches), Region 10 (El Paso), and Region 11B (Brownsville) have an appearance of foster care capacity at the catchment level, but are missing capacity for specific ages and authorized service levels which are unique to each area. To place more children close to home, existing capacity needs to be developed to better match placement demand or new supply needs to be created.

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3. Capacity deficits in the larger urban centers of 6A (Houston), 7B (Austin) and 8A (San Antonio) are supported by corresponding surpluses in the surrounding county catchments of 6B, 7A, and 8B. While resource sharing works to some extent, a greater development of foster care capacity in the urban centers would allow more children to be placed closer to home and for counties on the farther outskirts of the supplying catchments (6B, 7A, 8B) to participate in more resource sharing. The creation of new resource hubs may also be considered.
4. 3A (Denton), 3B (Fort Worth) and 3C (Dallas) participate in a similar resource sharing relationship, with 3C as the greater supplier of capacity for the area. The Foster Care Redesign Single Source Continuum Contractor is responsible for developing foster care network resources in 3B.
5. Regions 6 (Houston), 7(Austin), and 8 (San Antonio) supply the majority of residential treatment services for the state.

Contracting for Community-Based Care and Family Based Safety Services

As with many states, DFPS is experiencing difficulty securing and maintaining placement resources for children. Data presents the opportunity to more strategically plan where to develop new capacity to keep children closer to home in placements that meet their needs. With the passage of the Family First Prevention Services Act in 2018, capacity concerns are dramatically increased going forward.

Foster care is intended to be a temporary rather than a long-term solution for children who have been removed from their birth family homes for reasons of neglect, abuse, abandonment, or other issues endangering their health and/or safety. DFPS strives to ensure quality services for children in foster care. However, children in foster care may have to change placements several times while in foster care due to a variety of factors such as home/facility closures, court rulings, or changes in the foster home or facility. DFPS has a variety of initiatives designed to increase placement options, reduce placement disruption and to better match the needs of each individual child. Nevertheless, challenges remain for children who:

- Have had multiple, unsuccessful placements;
- Have been placed in or recommended for residential placement;
- Have been placed in and are being discharged from psychiatric hospital settings; and/or
- Have history of aggressive or antisocial behavior problems.

DFPS, in collaboration with stakeholders, advocates, the judiciary, and residential and service providers and with direction and appropriation from the Texas Legislature is developing contracts with Single Source Continuum Contractors for Community-Based Care and piloting contracts in two areas for Family-Based Safety Services. Analysis of the outcomes, performance metrics and impact on practice will be further analyzed for expansion. The use of the contracted services will provide opportunities to learn from and improve services and resources within local communities.

Community Based Care is a community-based approach to meeting the individual and unique needs of children, youth and families. Within a geographic catchment area, a single contractor (officially a Single

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Source Continuum Contractor or SSCC) is responsible for finding foster homes or other living arrangements for children in state care and providing them a full continuum of services.

Community Based Care is intended to change the way DFPS:

- Procures for services, moving away from open enrollment to competitive procurement.
- Contracts for services, moving away from effort based contract to performance based contracts.
- Pays for services, moving from multiple rates to a single blended rate and delinking services levels from rates.

Community Based Care is an expansion of Foster Care Redesign, which has been underway in Texas since 2010. The Public Private Partnership represented various stakeholders and served as the guiding body to develop recommendations for redesigned foster care system that supports improved outcomes for children, youth and families. Public Private Partnership members included judges, CASA, private providers, internal member from DFPS at various level, and others.

Community Based Care will occur by catchment area rather than across the state simultaneously. Within each catchment area there will be a phased rollout of three stages:

- Stage I will include the provision of paid foster care placement services, Preparation for Adult Living (PAL), Adoption services, and day care referral.
- Stage II will include provision of substitute care placement plus case management services.
- Stage III will include:
 - The provision of services outlined in Stages I and II; and
 - Holding the SSCC financially accountable through the use of incentives and remedies for the timely achievement of permanency for served children beginning 18 months after case management services have transferred.

B. PIP Goals and Strategies

Goal 6: Strengthen resource capacity and service array to better meet the needs of children, youth and families.

Item 4, Item 6, Item 12B, Item 16, Item 17, Item 18, Item 26, Item 27, Item 29, Item 30

6.1 DFPS will implement the 3 in 30 approach in a statewide roll out, with introduction of new 3-Day Medical Exam. (An implementation plan is available upon request.)

Responsible party: CPS Division Administrator for Medical Services and CPS Director of Services

6.1.1 DFPS will develop policy and protocol for the 3 Day Exam, including steps to completion and FAQ's.

Projected Completion date: PIP Quarter 1

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- 6.1.2 DFPS will develop medical protocol components and medical billing procedures for 3 Day Exam. DFPS will train the medical providers on these procedures.
Projected Completion date: PIP Quarter 1
- 6.1.3 DFPS will develop training for all caseworkers and supervisors, including developing the webinar, training schedule, evaluation, and accountability checks for each implementation phase. DFPS will ensure training is completed prior to roll out in each region.
Projected Implementation date: PIP Quarter 1
- 6.1.4 DFPS will develop an implementation schedule for roll out statewide, using placement and removal data, stakeholder and staff input, geography, and capacity information. DFPS will implement the 3-Day Medical Exam statewide in four distinct groups.
Projected Completion date: PIP Quarter 2
- 6.1.5 DFPS will develop a communication strategy to educate staff, youth, kinship caregivers, residential providers, medical providers, child welfare system stakeholders. The communication will be multi-faceted (flyers, letters, community meetings, and other forums).
Projected Implementation date: PIP Quarter 1
- 6.1.6 DFPS will evaluate the implementation of the 3 Day Medical Exam and report findings to the Texas Legislature.
Projected Completion date: PIP Quarter 7

6.2 DFPS will implement changes statewide to the Transitional Living Services program, expanding assessments and services to younger youth.

Responsible party: CPS Transitional Living Services Lead

- 6.2.1 DFPS will alter purchased client services contracts to expand life skills assessments to 15 year olds in PMC in Fiscal Year 2018 and 14 year olds in PMC in Fiscal Year 2019.
Projected Completion date: PIP Quarter 8

6.3 DFPS will complete statewide implementation of Alternative Response. (An implementation plan is available upon request.)

Responsible party: Investigation/Alternative Response Division Administrator

- 6.3.1 DFPS will continue the implementation of Alternative Response in Texas
 - 6.3.1.1 Planning will begin in Region 2 in July, 2018 and
Implementation is planned for November 2018
 - 6.3.1.2 Planning will begin in Region 6A during the first quarter of FY19
Implementation is in the planning process but will occur in stages and will be completed in FY19.
Projected Completion Date: PIP Quarter 6
- 6.3.2 DFPS will continue to provide follow up training to sustain and embed the Alternative Response practice in Texas

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6.3.2.1 Follow up training currently consists of ‘Advanced Alternative Response Caseworker Training’, ‘Engagement of Children and Youth Training’, and ‘Advanced Alternative Response Supervisor Training’

6.3.2.2 Monthly webinars will continue to be made available to Alternative Response staff to further their practice. Examples of these include: Domestic Violence in Alternative Response – 3 sessions, each presenting a different portion of DV issues; Substance Abuse and Drug Testing in the AR Stage of Service; Safety Plan vs. the Family Plan; Solution Focused Questions, Part 1 and 2.

6.3.2.3 Technical coaching will continue to be available in all regions on a limited basis
Projected Completion Date: PIP Quarter 6

6.4 DFPS will strengthen the trauma informed care practices used in the child welfare system.

Responsible Party: Trauma Informed Care Program Specialist and Medical Services Division Administrator (An implementation plan is available upon request.)

6.4.1 DFPS will review policy to update and/or include Trauma Informed Care language where relevant, including Residential Contracts.

Projected Completion Date: PIP Quarter 6

6.4.2 DFPS will review all training to include trauma information and/or promote trauma informed care principles.

Projected Completion Date: PIP Quarter 8

6.4.3 DFPS will audit and provide evaluative feedback to Cenpatico regarding Core Professional Development Trauma Training

Projected Completion Date: PIP Quarter 8

6.4.4 DFPS will partner with legal and child welfare system stakeholders, including representatives of the court system, for Statewide Collaborative on Trauma Informed Care sponsored by the Children’s Commission, including senior level DFPS participation in all workgroups (Systemic Change; Data, Funding and Evaluation; Organizational Leadership; Cross-System Collaboration)

Projected Completion Date: PIP Quarter 8

6.4.5 DFPS will develop a trauma-informed care webpage for employees and stakeholders for single location of resources.

Projected Completion Date: PIP Quarter 6

6.4.6 DFPS will develop an agency campaign regarding the impact of secondary trauma on staff and available resources.

Projected Completion Date: PIP Quarter 8

6.4.7 DFPS will research and develop Secondary Trauma Support response protocols and policies for staff and caregivers who have been involved in a serious incident.

Projected Completion Date: PIP Quarter 5

6.5 DFPS will strengthen resources dedicated to strengthening service array for behavioral health for all regions.

Responsible party: Medical Services Division Administrator, Trauma Informed Care Program Specialist, Investigation Office of Field

6.5.1 DFPS will dedicate a program specialist to be subject matter expert in area of behavioral/mental health best practice issues in both Investigation and CPS Divisions.

Projected Completion Date: PIP Quarter 2

6.5.2 DFPS will participate on the Child and Youth Behavioral Health Subcommittee (a subcommittee of the Texas System of Care) and coordinate agency participation with Texas System of Care Memorandum of Understanding and Grant (HHSC grant funded by SAMSHA) in order to assist in developing local mental health systems of care in communities for children and youth who are receiving residential mental health services and supports or inpatient mental health hospitalization, have or are at risk of developing a serious emotional disturbance, or are at risk of being removed from their homes and placed in a more restrictive environment to receive mental health services and supports, including an inpatient mental health hospital, a residential treatment facility, or an agency operated by the juvenile justice system.

Projected Completion Date: PIP Quarter 4

6.6 DFPS will strengthen the assessments and potential services for school aged children receiving CPS services.

Responsible Party: CPS Division Administrator for Permanency and Education Program Specialist

6.6.1 CPS education specialists will conduct a minimum of three regional education consortiums to address the multiple education-related issues, including behavior and mental health, associated with the challenges that children and youth in foster care.

Projected Completion Date: PIP Quarter 4

6.7 DFPS will continue to implement Community Based Care in up to 5 catchment areas.

Responsible Party: CPS Director of Community-Based Care

6.7.1 DFPS will implement Stage II (provision of paid foster care placement services plus case management services, as described on page 64) in Region 3b Catchment Area.

6.7.2 Upon successful completion of Community-Based Care Stage II contract negotiations DFPS will execute a contract amendment to include Stage II requirements with Region 3b Single Source Continuum Contractor (SSCC).

6.7.3 Upon successful contract negotiations, DFPS will implement Stage II Start-Up, to include protocol and Operations Manual Development, training and readiness certification. Successful completion of all of these activities will result in Stage II roll-out.

Projected Completion Date: PIP Quarter 4

6.7.4 DFPS will work to implement Community Based Care in Region 2 and Bexar County Catchment Areas

6.7.5 DFPS will work to complete Stage I (provision of paid foster care placement services, as described on page 63) negotiations and execute Community Based Care contract with SSCC.

6.7.6 Upon successful contract negotiations, DFPS will implement Stage II Start-Up, to include protocol and Operations Manual Development, training and readiness certification. Successful completion of all of these activities will result in Stage II roll-out.

Projected Completion Date: PIP Quarter 6

6.7.8 Upon successful implementation in Region 3B, Region 2 and Bexar County, DFPS will work to expand to two new Catchment areas (location not yet determined).

Projected Completion Date: PIP Quarter 8

6.7.9 DFPS will procure and execute a contract for a Community Based Care Process Evaluation on each stage of Community Based Care implementation in each contracted catchment area. DFPS expects to execute a contract by 9/1/18.

Projection Implementation Date: PIP Quarter 8

6.7.10 DFPS will continue to contract and work with Chapin Hall to complete a Community Based Care Outcome Evaluation in each catchment area.

Projected Completion Date: PIP Quarter 8.

6.8 DFPS will use data to make informed decisions about gaps in services and will work with Regional Contracts to procure services where they are most needed.

Responsible party: Director of Systems Improvement and CPS Director of Field

6.8.1 The Systems Improvement division will complete an in-depth analysis on payments for Purchased Client Services, by both regions and stages of service, to better understand cost drivers and more effectively target agency resources and the most pressing service needs for children and families.

Projected Completion Date: PIP Quarter 2

6.8.2 Systems Improvement Division will conduct pre and post services surveys with parents to evaluate the impact of services

Projected Completion Date: PIP Quarter 4

6.8.3 Regional Systems Improvement specialists will conduct one or more regional meetings with providers to provide real time feedback and subject matter expertise.

Projected Completion Date: PIP Quarter 4

6.8.4 CPS Leadership will use the analysis to meet with Regional Contracts to develop a plan for ongoing Purchased Client Services.

Projected Completion Date: PIP Quarter 4

6.9 DFPS will strengthen its approach to providing services to children and families in which substance abuse is a need.

Responsible Party: CPS Director of Services

6.9.1 A Substance Abuse Division will be created and consist of a Division Administrator, and four Substance Abuse Program Specialists housed in four different parts of the state. The Division will work under the direction of CPS leadership to guide CPS practice in working with children and families with substance abuse issues throughout each stage of service.

Projected Completion Date: PIP Quarter 2

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6.9.2 The Division will consult with regional and state office management, regional caseworkers and field staff, CPS state office program and policy staff, external public and private stakeholders, consumers of child protective services, volunteers, advocates, judges, treatment providers, medical professionals, and other social service providers to provide program guidance relating to protocol, policy and practice regarding substance use, abuse and treatment.

Projected Completion Date: PIP Quarter 4

6.9.3 The Division will provide consultation and guidance regarding the planning, development, implementation, and monitoring of projects and programs associated with substance abuse treatment initiatives.

Projected Completion Date: PIP Quarter 4

6.9.4 The Division will receive specialized training and strengthen practice by sharing knowledge of and incorporating best practice models for working with families.

Projected Completion Date: PIP Quarter 6

6.9.5 The Division will facilitate strengthened communications with internal and external stakeholders including DFPS state office staff, field staff at all levels, staff from other state and federal agencies, providers of services for agency clients, stakeholders and legislators.

Projected Completion Date: PIP Quarter 6

Measurement Plan

The Measurement Plan is developed by the Administration for Children and Families using the state's baseline score with a formula for targeted improvement.

Data Source and Approach to Measurement: The data source will come from the quarterly Child and Family Services Review structured case reviews conducted by the CPS Federal and Program Improvement Review Division. The Measurement Plan will use a prospective baseline of data from 100 cases reviewed between the months of January through March 2018 combined with 100 cases reviewed between the months of April through June 2018, for a combined total of 200 cases. During PIP measurement, 100 cases will be reviewed each quarter using the CFSR Round 3 Onsite Review Instrument. The case ratio for the prospective baseline and during PIP measurement will consist of 60 foster care cases and 40 FBSS or "in-homes" cases.

Case Review Items

Texas: Program Improvement Plan (PIP) Measurement Goals for Case Review Items Rated an Area Needing Improvement and requiring measurement based on CFSR TB#9 <i>TX will be using prospective baseline data from reviews conducted approximately January 2018 – June 2018.</i>						
CFSR Items Requiring Measurement	Z value for 80% Confidence Level ¹	Minimum number of applicable cases	PIP Baseline	Baseline Sampling Error	PIP Goal	PIP Goal Adjusted
Item 1	1.28	116	80.2%	TBD	TBD	TBD
Item 2	1.28	126	61.1%	TBD	TBD	TBD
Item 3	1.28	200	80.5%	TBD	TBD	TBD
Item 4	1.28	120	71.7%	TBD	TBD	TBD
Item 5	1.28	120	62.5%	TBD	TBD	TBD
Item 6	1.28	120	60.0%	TBD	TBD	TBD
Item 12	1.28	200	53.5%	TBD	TBD	TBD
Item 13	1.28	194	62.4%	TBD	TBD	TBD
Item 14	1.28	200	86.0%	TBD	TBD	TBD
Item 15	1.28	174	37.4%	TBD	TBD	TBD

Explanatory Table Notes:

1) Z-values - represent the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

2) Minimum Number of Applicable Cases - Identifies the minimum number of applicable cases reviewed for the baseline period. Measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item. A two percent (2%) tolerance is applied to the number of cases reviewed to measure goal achievement compared to the number of cases reviewed to establish the baseline.

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3) PIP Baseline - Percentage of applicable cases reviewed rated a strength for the specified CFSR item from the final summary of baseline cases rated as strength – To be determined.

4) Baseline Sampling Error - Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

5) PIP Goal - Calculated by adding the sampling error to the baseline percentage

6) Adjusted PIP Goal: Identifies the adjusted improvement goal that accounts for the period of overlap between the baseline period and the PIP implementation period. The adjustment is calculated using an adjustment factor that reduces the sampling error up to one half based on the number of months of overlap, up to 12 months. To determine a PIP measurement goal using case review data is met, CB will also confirm CB has confidence in accuracy of results, significant changes were not made to the review schedule, the minimum number of required applicable cases for each item were reviewed, the ratio of metropolitan area cases to cases from the rest of the state was maintained, and the distribution and ratio of case types was maintained for the measurement period. A five percent (5%) tolerance is applied to the distribution of metropolitan area cases and case types between the baseline and subsequent measurement periods. When a state has an improvement goal above 90% and is able to sustain performance above the baseline for three quarters, the Children's Bureau will consider the goal met even if the state does not meet the actual goal.

Systemic Factor Items

Systemic Factor Item	Activity for improvement	Data Source and/or approach to measurement:	Projected Completed Quarter
<i>No systemic factor items include quantifiable measure of improvement in the Program Improvement Plan.</i>			