

# Texas Child and Family Service Review

## Texas Program Improvement Plan



April, 2003

TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES

# Texas Child and Family Service Review

## Texas Program Improvement Plan

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**Texas Child and Family Services Review  
Texas Program Improvement Plan  
General Information**

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**Texas Child and Family Service Review  
Texas Program Improvement Plan  
Summary of PIP Participants**

The development of the Program Improvement Plan (PIP) phase of the Texas Child and Family Service Review (CFSR) was completed with participation of internal and external stakeholders. Upon receipt of the Draft of the Final Summary, a variety of sessions were held with participants in order to share the results and solicit input regarding strategies to address areas not found to be in substantial conformity.

PIP Work sessions included the following events:

Date	Location	Participants
July 1, 2002	Austin, TX	PRS Executive Staff, Statewide Assessment Task Force, CPS Staff, ACF staff, National Resource Center for Organizational Improvement
July 2, 2002	Houston, TX	Region 6 CPS Leadership, non-case-specific Stakeholders interviewed in the On-Site Review process, ACF staff, National Resource Center for Organizational Improvement
July 8, 2002	Lubbock, TX	Region 1 CPS Leadership, non-case-specific Stakeholders interviewed in the On-Site Review process
July 25, 2002	Austin, TX	CPS Education Work Group
July 26, 2002	Austin, TX	PRS Board Presentation
August 2, 2002	Brownsville, TX	Region 11 CPS Leadership, non-case-specific Stakeholders interviewed in the On-Site Review process, ACF staff
September 4, 2002	San Antonio, TX	Texas Family Preservation Conference
September 18, 2002	Austin, TX	Statewide CPS Program Administrators
September 20, 2002	Austin, TX	Texas Council of Child Welfare Boards
September 21, 2002	Dallas, TX	Statewide Parent Collaboration Group
October 29, 2002	Dallas, TX	Texas Alliance Annual Conference (Texas Alliance is the new name for TALCS - Texas Association of Leaders in Children & Family Services)
December 6, 2002	Austin, TX	Supreme Court Task Force on Foster Care
February 21, 2003	Austin, TX	Statewide Program Improvement Plan Stakeholder meeting to review final draft.

Plans to implement systemic change and make improvements for areas found not to be in substantial conformity were generated from this input. Strategies designed to have widespread, systemic impact on the Texas child welfare system have become core elements of the Program Improvement Plan. Stakeholders identified the following problem areas that impacted multiple outcomes.

- The impact of turnover remains a great challenge. Turnover during the first two years of employment as a CPS caseworker is significant and impacts all facets of practice. During Fiscal Year 2002, statewide CPS caseworker turnover was 25.3 percent, with a regional high in the Houston region of 28.5 percent. As a result, expertise for addressing specialized needs of children is under-developed, skill and knowledge for effectively engaging families in the case planning process is inadequate, and lack of a tenured workforce from which to select leadership remains a critical problem. Turnover also contributes to transition problems in cases that are associated with a change in caseworkers. The transition occurs either when a case is moved from one stage of service to another or when turnover impacts a change in staff assigned to work with a family. The impact was seen in the Texas CFSR on site review of cases through gaps in contact with children and families, gaps in services, or inadequate follow-up with services previously assessed as needed.
- The case planning process, a key ingredient to successful outcomes for families, needs to be changed. Families are not effectively engaged in the case planning process. Forms used by caseworkers are cumbersome and time-consuming and the existing case plan forms create a barrier to the collaborative case plan development. The case plan is not driving the work being done with families and with children.
- Placement instability and delays to permanency are increasing problems. There are inadequate numbers of appropriate, available foster and adoptive placements for the number of children needing placement. The result has been a delay to permanency for some children and placement changes that are not part of the child's permanency goal for other children. The existing level of care system provides an artificial disincentive to providers when a child's needs decrease or improvement occurs. The current structure results in placement changes for reasons other than the child's needs.

In recognition of the impact of these concerns on safety, permanency, and well-being, they are addressed throughout the Program Improvement Plan.

## Texas Child and Family Service Review

### Program Improvement Plan

#### Introduction

#### What is the Child and Family Service Review? What is the purpose of the review?

The Texas Child and Family Service Review process is part of a national initiative that seeks to examine the results child welfare programs in each state achieve. Beginning in fiscal year 2001, the U. S. Department of Health and Human Services' Administration for Children and Families implemented the Child and Family Service Reviews (CFSR). The purpose of each review is to evaluate the outcomes associated with each child welfare system in order to ensure substantial conformity with the state plan requirements in Titles IV-B and IV-E of the Social Security Act. This process was designed to evaluate how well states achieve safety, permanency, and well-being outcomes for children and families served by state Child Protective Services (CPS) programs. This approach seeks to improve on the overall provision of child welfare services by identifying what each state's child welfare programs are doing right, highlighting specific areas that need improvement, and serving as a model for continuous quality improvement.

#### How was the Texas Child and Family Service Review conducted?

There are three phases to the Texas Child and Family Service Review process. The first phase involved the completion of a Statewide Assessment developed by a Statewide Assessment Task Force of internal and external stakeholders that evaluated seven outcomes and seven systemic factors for the Texas child welfare system. The Texas Child and Family Services Review Statewide Assessment was completed and submitted to the Administration for Children and Families on December 10, 2001.

The seven outcomes included:

- Children are first and foremost protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.
- Families have an enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

The seven systemic factors included:

- Information System
- Case Review System
- Quality Assurance System
- Service Array
- Staff and Provider Training
- Agency Responsiveness to the Community
- Foster and Adoptive Home Licensing/Approval/Recruitment

The Statewide Assessment identified strengths and challenges associated with safety, permanency, and well-being. Statewide data were used to measure Texas' performance with the standard for six national indicators being used to evaluate and compare each state. The Statewide Assessment also nominated the three sites to be visited in the On-Site Review: Cameron County (Brownsville), Harris County (Houston), and Lubbock County (Lubbock).

The second phase consisted of an On-Site Review conducted by a joint Federal-State Team. A random sample of fifty cases, a combination of family-based safety services (in-homes) and conservatorship (foster care) cases, were reviewed. The review included not only case record documentation but also interviews with key case-specific stakeholders (child, parents, foster parents, caseworkers, and service providers). The On-Site Review team also interviewed non-case-specific stakeholders, such as law enforcement officers, child welfare board representatives, judges, attorneys, CPS staff, foster parents, and service providers. A team in Austin interviewed statewide stakeholders such as representatives of the Court Improvement Project, Native American representatives, Court Appointed Special Advocates, the Texas Association of Leaders in Children and Family Services, consumers, Texas Community Resource Coordination Group, Advocacy, Inc., the Texas Council of Child Welfare Boards, the Texas State Foster Parents, Inc., PRS executive staff, CPS policy makers, and others.

Case-specific information and non-case-specific interview results were combined to make determinations about substantial conformity on the safety, permanency, and well-being outcomes and systemic factors. The On-Site Review, or second phase of the CFSR, took place during February 11-15, 2002.

The Final Summary for the Texas CFSR determined that there were some outcomes and national indicators in which the Texas child welfare system did not reach the 90 percent level required to have demonstrated substantial conformity. The Final Summary for the Texas CFSR determined that all systemic factors did achieve substantial conformity. A Program Improvement Plan (PIP) is required when one or more areas do not achieve substantial conformity. Texas, as are all other states that have completed a CFSR to date, is required to complete a Program Improvement Plan, which begins the third phase of the CFSR.

#### What is a Program Improvement Plan?

Each state with at least one national indicator, outcome, or systemic factor not in substantial conformity must negotiate a Program Improvement Plan to avoid payment of fines levied by the Administration for Children and Families. On August 23, 2002, the Administration for Children and Families (ACF) completed its Final Report regarding the Texas CFSR. A summary of those findings is included in this report. There were six outcomes and two national indicators that did not achieve substantial conformity. Texas, therefore, must negotiate a Program Improvement Plan. The major elements of the Program Improvement Plan include areas of systemic strengths and weaknesses, identification of the individuals responsible for carrying out the various steps, identification of the geographical areas of the state involved, and establishment of time frames for carrying out the required improvements. Additionally, elements of the Program Improvement Plan must be incorporated into the goals and objectives of the state's Title IV-B Annual Progress and Services Report.

#### How was the Texas Program Improvement Plan developed?

The Child Protective Service Division (CPS) of the Texas Department of Protective and Regulatory Services (PRS) has the Texas lead role in developing the required Program

Improvement Plan for the state. Though CPS is given this responsibility, the Texas CFSR is not an evaluation of CPS. Instead, it is an evaluation of the Texas child welfare system. Thus, stakeholders external to CPS were actively involved in determining strategies for addressing areas needing improvement. The Statewide Assessment Task Force, composed of internal and external stakeholders, identified strengths and challenges associated with the Texas child welfare system and began addressing strategies as issues were identified. This honest, open assessment presented the State of Texas with an opportunity to improve services to vulnerable children and families with abuse and neglect issues. As a result, several strategies and action steps were developed to address these needs and were included in the state's Title IV-B Annual Progress and Services Report submitted on June 28, 2002. Additionally, a proactive approach to improving child welfare services in Texas resulted in the initiation of several strategies and action steps, in recognition of the benefit to children and families to be gained by addressing areas needing improvement, well in advance of the negotiated Program Improvement Plan.

Many of the same state and local stakeholders who were instrumental in developing the Statewide Assessment and/or who were interviewed during the on-site visits were also involved in Program Improvement Plan development. In addition, input was sought from the Parent Collaboration Group, which is an initiative funded under the *Child Abuse Prevention and Treatment Act*. The Parent Collaboration Group is an agency-sponsored collaboration with clients who are affected by the CPS service delivery system. This collaboration provides a unique perspective on how to improve services to families and children. An Education Work Group, established to address improving the educational services to foster children, provided significant input into the Program Improvement Plan. This group consisted of a representative from the Judiciary, the Texas Education Agency, local school districts, foster parents, youth in foster care, Early Childhood Intervention, Casey Family Programs, Court Appointed Special Advocates, CPS, and an expert in transition planning.

A Program Improvement Plan Matrix is included, detailing strategies, action steps, and benchmarks the state will pursue in order to achieve its goals for improving safety, permanency, and well-being outcomes for families and children in Texas. Texas anticipates meeting all listed goals and targeted measures of improvement by the completion of the two-year Program Improvement Plan period. The process is designed for systemic improvement, not temporary change. Achievement of identified benchmarks will reflect significant improvement in the Texas child welfare system, although all outcomes and indicators will not be improved to the 90 percent level required to demonstrate substantial conformity. Achieving the goals of the Program Improvement Plan will complete the third phase of the Texas Child and Family Services Review process.

## Texas Child and Family Services Review

### Texas Program Improvement Plan

#### Summary of December, 2001 Statewide Assessment

The Texas Department of Protective and Regulatory Services (PRS), as the state agency that administers both the Title IV-B and Title IV-E state plans, is responsible for all collaborative and planning efforts undertaken in preparation for the Texas Child and Family Service Review (CFSR). Readiness activities for the scheduled CFSR were initiated approximately 18 months before the targeted February 2002 review date. A Statewide Assessment Task Force was assembled to analyze trends and patterns of quantitative and qualitative data that impact child welfare outcomes. The task force comprised a broad spectrum of child welfare stakeholders who shared their skills, creativity, time, and experiences. This analysis resulted in a Texas CFSR Statewide Assessment available on the PRS Internet website.

The Statewide Assessment Task Force identified multiple areas of strength in the Texas child welfare system:

- *Texas has strength in its statewide information system.* The Child and Adult Protective System (CAPS) is statewide, innovative, and key to CPS casework at all stages of service. Reports accessible to all CPS staff and generated through CAPS provide voluminous data regarding each facet of the system, evidenced by 300 routine reports. The Judicial website enables judges to access the CAPS system as they make permanency decisions for children. Intake is centralized statewide through a highly automated, efficient call center that has served as a model for a number of states and other countries. The Texas Adoption Resource Exchange (TARE) provides not only access for adoption inquiries in Texas but also access to the National Adoption Exchange and has greatly increased adoption inquiries. PRS staff effectively share information through the use of the PRS intranet, including access to the risk assessment tool. Data, information, and collaboration are illustrated through the extensive PRS website, making the agency open and accessible through the Internet. The agency has made available to the general public annual data, strategic plans, and information about services and resources.
- *Texas has strength in its case review system.* The Court Improvement Project and the Supreme Court Task Force on Foster Care have been instrumental in strengthening the case review system by championing the state's permanency efforts prior to ASFA, creating the Cluster Court System, and providing judicial access to the case data in CAPS. Child and family service plans, though continuously modified for improvement, are routinely used as an effective case management tool. PPT reviews or administrative reviews provide family and stakeholder involvement in the process and facilitate communication among all parties involved in a case. Administrative reviews and court reviews help move cases to resolution. Although federal requirements are to have one or the other, Texas does both. Court review at the 60-day status hearing requires not only completion of the plan, but also verification that families understand the plan. Ongoing challenges remain with barriers such as transportation to and from PPT reviews for families, participation by youth, language barriers, and the ongoing training issues associated with ensuring each plan is individualized to child- and family-specific needs.

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Texas state law supports ongoing review of cases by requiring hearings, and the CAPS system provides tracking mechanisms to ensure that reviews are accomplished. New legislation from the 77<sup>th</sup> Legislature focused on de-institutionalization of children.

- *Texas has strength in its continuously developing quality assurance system.* Though the current division has been reorganized, quality assurance mechanisms have been in existence throughout all aspects of the child welfare system. The Licensing Division is responsible for licensing and regulating child-care facilities and child-placing agencies. Many of the results of Licensing Division activities regarding child-care facilities are becoming available to the general public through the newly developed Child-care Licensing Automation Support System (CLASS). The 1999 movement of jurisdiction for investigation of abuse and neglect in PRS foster and pre-consummated adoptive homes to the Licensing Division removed the investigation role from CPS and resulted in a strengthened system with greater consistency. Components of the CPS quality assurance system comprise multiple levels of checks and balances, including case reading, regional reviews, and scrutiny of intake disagreements and multiple referrals. Involvement of external stakeholders has opened up the entire CPS system to a close analysis.
- *Texas has strength in its staff and provider training programs.* The Basic Skills Development (BSD) training program has been developed with input from field staff, university professionals, trainers, and pilot program results. A certification program for CPS workers and supervisors ensures that they are compensated for their experience and for taking advantage of available training and skill-building activities. The agency partnership with the Protective Services Training Institute and universities participating in IV-E funded training provides advanced training and increases the knowledge base of staff. Training a workforce with an ever-increasing turnover rate has presented unique challenges. Training of foster families is supported through minimum standards and guidelines for child-placing agencies.
- *Texas has strength in its service array and resource management.* An entire division has been devoted to prevention and early intervention resources, including Services to At-Risk Youth (STAR) services now available in each of the state's 254 counties. The budget for purchased services (contracts) continues to climb each year, enabling the provision of more protective services to families in need. PRS provides family-based safety services with regular, moderate, and intensive services and reunification safety services. Data show that increasing percentages of cases with documented risk are being opened for ongoing services. Communities routinely provide major resources for services to families, providing either additional funding for purchased services, blended funding for services, or direct services once CPS has referred a family. Services are provided in the investigation stage and without maintaining an ongoing open case for many families. Resource development by field staff and contract staff is an ongoing activity. Texas is aggressively pursuing grants and alternative funding sources to enhance its resources. Community collaborations with local county child welfare boards in more than 200 counties and Greater Texas Community Partners in more than 80 communities have resulted in local avenues to direct volunteer energy and community support directly to children and families and the staff providing the casework and protective services.

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- *Texas has strength in its agency responsiveness to community.* As previously mentioned, this is one of the greatest strengths of the child welfare system in Texas. The value placed on the public/private partnerships, the support of the community towards the agency, the attitude towards the community as a key stakeholder, legislative involvement in the process, and the enhanced communication between the agency and the community as a whole have improved greatly over the last five years. Community initiatives exist in diverse projects from one end of the state to the other. Recognizing that the job of protecting children and addressing child abuse and neglect is not possible for a single agency to accomplish, the people of Texas have "stepped up to the plate" with their time, energy, and pocketbooks.
- *Texas has strength in its foster and adoptive home licensing, approval, and recruitment.* Criminal background checks are more stringent than those required by ASFA. During State Fiscal Year 2000, dual licensure resulted in more than 53 percent of the adoptions being by foster parents, requiring very active recruitment and training efforts to replace families who stop being foster parents after adopting foster children. A Statewide Recruitment and Retention Plan exists and is a priority for the agency. Retention efforts have been enhanced through the respite program, an increase in foster care rates, and the provision of additional day care resources.
- *Safety outcomes reflect the strength of the Texas child welfare system and the emphasis placed on assessment of risk.* Risk Directors, a practice of evaluating risk at all stages of services, scrutiny of less tangible issues not addressed in the past, use of automated tools to prompt staff to address the identified risk factors, and enhanced risk training for all CPS staff are key elements used in shifting CPS attention from incidents to assessment of risk. Grounded in the agency's research and pilot programs, the risk-based approach is shown to be effective in the actual outcomes. Repeat maltreatment and abuse/neglect in foster care, as measured in the two safety data indicators, show Texas is well within an acceptable range for compliance despite an increase of more than 3,000 children in care at the end of August 2000, as compared with August 1998.
- *Strength is shown in two of the data indicators associated with permanency: re-entry into foster care and length of time to adoption.* In both of these indicators, Texas is well within the acceptable range for substantial compliance. Texas was in front of ASFA with a permanency effort that was realized by legislation passed in 1997. The legislation required legal resolution of cases in 12 months and set up a system of detailed court reviews requiring judges to address the child's needs. Public and private collaborations and the Court Improvement Project spearheaded the reduction in time experienced before achieving permanency, a surge of adoptions, an emphasis on permanency, and renewed focus on relative or kin care. Permanency efforts led by such programs as One Church One Child, CASA, TALCS, and Adopt 2000 united to push through barriers, recruit more families as potential placement resources, and emphasize the creation of resources for children traditionally more challenging to place.

The Statewide Assessment Task Force identified three challenges in the Texas child welfare system:

- *Caseworker Turnover and Retention.* The problems associated with worker turnover and retention affect all aspects of the child welfare system and directly affect safety, permanency, and well-being for children. Turnover rates have been climbing, despite

multi-faceted approaches to the problem. PRS has tried to address the issue head-on through completion of a pilot for a telework program, technology support through laptops, cell phones, and quick pads; shortened classroom training; investment in leadership development and cultural diversity training; development of a certification program; stepped up recruitment; increased partnerships with IV-E funded Schools of Social Work in a variety of universities; decreased supervisor-worker ratio; streamlined documentation requirements; contracted services; development of automated resources for supervisors; and redesign of the personnel evaluation program.

The legislature has advocated for the Texas child welfare system through appropriating additional CPS staff, pay raises to state employees, additional targeted pay raises for specific staff, the right for counties to provide supplemental income for areas with very high turnover and available county resources, and increased purchased services. Instead of decreasing the turnover rates continue to climb. Growing challenges, such as the reality that a majority of the management and supervisory staff are becoming eligible to retire while insufficient staff are remaining with the agency to provide tenured workforce, exacerbate the problems of decreasing tenure, decreasing skill levels, decreasing experience levels, and increasing stress levels and frustrations. In state fiscal year 2001, CPS worker turnover ranged from a regional low of 16.9 percent to an unmanageable high of 34.1 percent.

The impact on safety, permanency, and well-being is clear. New, inexperienced staff have less skill and knowledge to appropriately identify, assess, and manage risk in families. New, inexperienced staff are less skilled and knowledgeable about engaging issues, and helping children achieve permanency. Workload issues and a continuous crisis approach negatively affect the ability to focus on appropriately assessing and obtaining resources for educational, medical, and emotional needs.

- *Need for Additional Placement Resources.* The placement resources of the Texas child welfare system are inadequate. With the tremendous emphasis on permanency, previous "bottlenecks" in the system experienced by children in foster care are now shifted to the growing wait for adoption. As evidenced by the surging increase in children in foster care waiting for adoption, Texas resources cannot meet the increasing demand for homes.

There are insufficient resources for the number of larger sibling groups needing to remain connected through close or same placements. Assessment results are indicating higher levels of care (LOC) and greater therapeutic needs of children. Placements for children needing exceptional care are in high demand. Caseworkers tell "horror stories" of making literally hundreds of calls attempting to secure a placement for a special needs, medically fragile child. Dual licensure has provided a benefit for a special time to permanency for children adopted by their foster parents but the statewide result is increased turnover in foster families. New, inexperienced foster families replace families who may have fostered children for years and now have adopted. Many children who have moved through the system quickly are not yet emotionally stable or ready to be prepared for adoption.

Results of the lack of sufficient placement resources are seen in the failure of CPS to achieve substantial compliance on the data indicator associated with number of placement changes. For example, with inadequate placement resources, initial

placements that match child needs are less available, resulting in changes to placements that later become available in order to better care for the child's needs.

- *Texas also fails to achieve the data indicator associated with family reunification in a timely manner.* This failure is due to the definition of reunification used in this review process. Texas statute enables the use of continued legal jurisdiction when a child has returned home, providing legal support during a traditionally very vulnerable period for the child. While actual return to the parent occurs on average much more quickly than the 12-month period, credit for a return home is given only when the legal case is resolved. The task force and judicial participants indicate their support of the legal protection provided when a child is returned. Though failing to achieve substantial compliance in this data indicator, CPS believes the definition of reunification being used is the key issue. Figures change when we take out the factor of the legal case to show the initial return home is achieved on average in 8 to 10 months. Additionally, the protection of legal support is strongly connected to the successful measures on re-entry into foster care.

## Texas Child and Family Services Review

### Texas Program Improvement Plan

#### Summary of Child and Family Services Review

The U.S. Department of Health and Human Services Administration for Children and Families (ACF) released a final *Summary of Findings* on August 23, 2002 that substantiated many of the same findings noted by the task force in the Texas Statewide Assessment. These findings identified both systemic strengths and opportunities for improvement. Texas was found in substantial conformity in all seven systemic factors that have an effect on the state's ability to help children and families achieve positive outcomes. A rating of 90 percent is required to demonstrate substantial conformity.

The following section provides a summary of PIP goals and negotiated measures. A subsequent section lists specific goals, strategies, actions, and benchmark time frames for service improvement for any outcomes or related items found to be in noncompliance. A strategy or strategies have been developed to address each specific item under each outcome found to be in noncompliance. Action steps were developed to support the achievement of each strategy. Each action step includes a description of the method(s) that will be used to measure improvement, as well as the lead individual responsible for the achievement of the action step and the due date. These strategies and actions steps are designed to achieve the overall Goal/Negotiated Measure/Percent of Improvement.

**Texas Child and Family Services Review  
Texas Program Improvement Plan  
Summary of Goals and Negotiated Measures**

Outcomes		
The seven outcomes are required to have a 90 percent conformance from the 2002 Texas Child and Family Service Review (noted as 2002 Baseline) in order to be in substantial conformity.		
Safety Outcome 1	2002 Baseline	Goal/Negotiated Measure
Children are first and foremost protected from abuse and neglect.	86%	By June 2004, Texas will achieve 90 percent conformance with this outcome and will have sustained 90% conformance for 3 consecutive quarters. This item was determined to be a strength for Texas.
Item 1: Timeliness of initiating investigations of reports of child maltreatment.	90%	This item was determined to be a strength for Texas.
Item 2: Repeat maltreatment.	92%	This item was determined to be a strength for Texas.
Safety Indicator: Repeat Maltreatment	4.2%	The national standard is achieved when the state has 6.1% or less. Texas was determined to be in substantial conformity for this indicator.
Safety Indicator: Maltreatment of Children in foster care	.29%	The national standard is achieved when the state has .57% or less. Texas was determined to be in substantial conformity for this indicator.
Safety Outcome 2	2002 Baseline	Goal/Negotiated Measure
Children are safely maintained in their homes whenever possible and appropriate.	77.6%	By December 2004, Texas will achieve 82.6 percent conformance with this outcome.
Item 3: Services to family to protect children in home and prevent removal.	81%	By December 2004, Texas will achieve 85 percent conformance with this item.
Item 4: Risk of harm to child	80%	By December 2004, Texas will achieve 85 percent conformance with this item.
Permanency Outcome 1	2002 Baseline	Goal/Negotiated Measure
Children have permanency and stability in their living situations.	71.9%	By December 2005, Texas will achieve 82 percent conformance with this outcome.
Item 5: Foster care re-entries	91%	This item was determined to be a strength for Texas.
Item 6: Stability of foster care placement	78%	By March 2005, Texas will achieve 83 percent conformance with this item.
Item 7: Permanency goal for child	78%	By March 2005, Texas will achieve 83 percent conformance with this item.

Outcomes		
Item 8: Reunification, Guardianship, or Permanent Placement with Relatives.	92%	This item was determined to be a strength for Texas.
Item 9: Adoption.	57%	By March 2005, Texas will achieve 65 percent conformance with this item based on a case review.
Item 10: Permanency goal of other planned permanent living arrangement.	100%	This item was determined to be a strength for Texas.
Permanency Indicator: Foster care re-entries	1.5%	The national standard is achieved when the state has 8.6% or less. Texas was determined to be in substantial conformity for this indicator.
Permanency Indicator: Length of time to achieve reunification	64.4%	The national standard is achieved when the state has 76.2% or more. By March 2005, Texas will achieve 70% or more on this indicator based on statewide data.
Permanency Indicator: Length of time to achieve adoption	43.7%	The national standard is achieved when the state has 32% or more. Texas was determined to be in substantial conformity for this indicator.
Permanency Indicator: Stability of foster care placements	71.2%	The national standard is achieved when the state has 86.7% or more. By March 2005, Texas will achieve 83% or more on this indicator based on statewide data.
Permanency Outcome 2	2002 Baseline	Goal/Negotiated Measure
The continuity of family relationships and connections is preserved for children.	93.8%	This outcome was determined to be a strength for Texas.
Item 11: Proximity of foster care placement.	100%	This outcome was determined to be a strength for Texas.
Item 12: Placement with siblings.	84%	This outcome was determined to be a strength for Texas.
Item 13: Visiting with parents and siblings in foster care.	85%	This outcome was determined to be a strength for Texas.
Item 14: Preserving connections.	84%	This outcome was determined to be a strength for Texas.
Item 15: Relative placement.	94%	This outcome was determined to be a strength for Texas.
Item 16: Relationship of child in care with parents.	100%	This outcome was determined to be a strength for Texas.
Well-Being Outcome 1	2002 Baseline	Goal/Negotiated Measure
Families have enhanced capacity to provide for their children's needs.	70%	By March 2005, Texas will achieve 80 percent conformance with this outcome.
Item 17: Needs of services of child, parents, foster parents.	72%	By March 2005, Texas will achieve 80 percent conformance with this item.
Item 18: Child and family involvement in case planning.	79%	By March 2005, Texas will achieve 85 percent conformance with this item.
Item 19: Worker visits with child.	82%	By March 2005, Texas will achieve 87 percent conformance with this item.

Outcomes	
Item 20: Worker visits with parent	81%
Well-Being Outcome 2	2002 Baseline
Children receive appropriate services to meet their educational needs.	84.2%
Item 21: Educational needs of the child	84%
Well-Being Outcome 3	2002 Baseline
Children receive adequate services to meet their physical and mental health needs.	72.9%
Item 22: Physical health of the child	82%
Item 23: Mental health of the child	82.5%

**Systemic Factors**

The seven systemic factors are rated on a scale of 1 to 4. These systemic factors are required to have a 3 or 4 conformance rating from the 2002 Texas Child and Family Service Review (noted as 2002 Baseline) in order to be in substantial conformity.

Systemic Factor	2002 Baseline	Goal/Negotiated Measure
Statewide Information System	4	This systemic factor was determined to be in substantial conformity for Texas.
Case Review System	3	This systemic factor was determined to be in substantial conformity for Texas.
Quality Assurance System	4	This systemic factor was determined to be in substantial conformity for Texas.
Staff and Provider Training	4	This systemic factor was determined to be in substantial conformity for Texas.
Service Array	3	This systemic factor was determined to be in substantial conformity for Texas.
Agency Responsiveness to the Community	4	This systemic factor was determined to be in substantial conformity for Texas.
Foster and Adoptive Home Licensing/Approval/Recruitment	3	This systemic factor was determined to be in substantial conformity for Texas.

**Texas Child and Family Service Review**  
**Texas Program Improvement Plan**  
**Program Improvement Plan Matrix**

The Program Improvement Plan (PIP) Matrix identifies goals, strategies, actions and time frames for service improvement. A strategy or strategies have been developed to address specific items under each outcome found not to be in substantial conformity. Action steps were developed to support the achievement of each strategy. Each action step includes a description of the method(s) that will be used to measure improvement and the source used to demonstrate its achievement. A date of achievement indicates the date the action step will be completed. The achievement date refers to the last day of the month and year indicated. These strategies and actions steps are designed to achieve the overall Goal, Negotiated Measure, and Percent of Improvement. The PIP Matrix was developed to address the required elements of the PIP, which include each area of nonconformity, the necessary action steps associated with improving each area of nonconformity, identification of the individuals responsible for carrying out the various steps, identification of the geographical areas of the state involved, and time frames for carrying out the required improvements. The entire geographical area of the state should be considered as applicable for each of the strategies in the Texas PIP Matrix, unless otherwise noted.

**SAFETY OUTCOME 1**

**SAFETY OUTCOME 1**

Children are first and foremost protected from abuse and neglect.

**Goal/Negotiated Measure/Percent of Improvement**

By June 2004, Texas will achieve 90 percent conformity with this outcome and will have sustained 90 percent conformance for three consecutive quarters. In the 2002 Texas CFRS Baseline, 86 percent of the cases reviewed were rated as having substantially achieved this outcome. Ninety percent is required for an overall rating of substantial conformity. However, each of the four components (two items, two national indicators) that comprise Safety Outcome 1 were found to be individually a strength and therefore in substantial conformity.

**Item 1. Timeliness of initiating investigations of reports of child maltreatment.** In the 2002 Texas CFRS Baseline, 92 percent of the cases were assigned an overall rating of Strength. By March 2004, Texas will have sustained the overall rating level of Strength for 92 percent of the cases for three consecutive quarters.

**Item 2. Repeat maltreatment.** In the 2002 Texas CFRS Baseline, 90 percent of the cases were assigned an overall rating of Strength. By March 2004, Texas will sustain the overall rating level of Strength for 90 percent of the cases for three consecutive quarters.

**Statewide data indicator for repeat maltreatment.** The national standard requires a state to have 6.1 percent or less of the cases with an incidence of repeat maltreatment. In the 2002

Texas CFSR Baseline, 4.2 percent of the cases had a second substantiated report of abuse or neglect within six months of the initial substantiated report of abuse or neglect. Texas exceeds this national standard.

**Statewide data indicator for maltreatment of children in foster care.** The national standard requires a state to have .57 percent or less of children who have experienced a substantiated case of abuse or neglect while in substitute care. In the 2002 Texas CFSR Baseline, .29 percent of children experienced a substantiated case of abuse or neglect while in substitute care. Texas exceeds this national standard.

#### Discussion

Texas has made substantial changes during the last four years in its approach to improving the safety of children. This progress was evidenced in the analysis of statewide data, review of randomly selected cases, and interviews with stakeholders. Thus, the emphasis for this outcome will be to enhance the capacity for data gathering and reporting on child welfare activities to result in an increased emphasis on local accountability. By ensuring regional management and front line caseworkers have timely and relevant performance information needed to make practice decisions, better outcomes for children will be produced.

Enhancing the capacity for data gathering and reporting means the CPS Quality Assurance Division will perform activities and lead regional activities focused on maintaining, improving and strengthening conformity in each of the safety outcomes. The Quality Assurance Division also conducts quarterly statewide structured case readings. These structured case readings evaluate overall conformance with Safety Outcome 1 and all other safety, permanency and well-being outcomes. The Child and Family Service Review On-Site Review Instrument is being converted to an online case reading tool, with three separate sections for safety, permanency, and well-being. Currently, one of the three components is being utilized each quarter in a statewide database by regional case analysts assigned to each of the eleven regions. As in the actual federal review, cases are randomly selected and contain both Family-Based Safety Services (in homes) and Conservatorship (foster care) cases. Unlike the federal CFSR, the sample size is sufficient to provide both regional and statewide validity for the results obtained. Regional validity provides the opportunity to assess true conformity in each region for each quarter. To date, more than 1000 cases have been read for safety and permanency since September, 2002. The case reading for well being is currently under way. The results of each structured case reading, with interpretive narrative, are posted on the CPS Quality Assurance Intranet Site in the Quality Assurance Quarterly Report. This makes the data easily accessible to all CPS local managers and direct service staff. With the completion of converting the Well-Being sections of the CFSR On-Site Review Instrument into an automated tool, the process of integrating each component into a single instrument will be accomplished. Beginning in September 2003, all cases will be read using all three sections of the combined tool.

The CPS Quality Assurance Division also employs other methods to routinely assess regional and statewide performance on each of the seven outcomes. At least quarterly, a true simulation of the CFSR On-Site Review process (known locally as "regional reviews") is conducted in one process, including case reviews, interviews with case-specific stakeholders, and interviews, focus groups, or surveys of groups of non case-specific stakeholders. Simulating the CFSR On-Site Review process includes providing a formal Final Report to the region, providing an opportunity for discussion of the findings, and expediting the region to determine a plan to

address any areas needing improvement. Beginning in September 2003, these regional reviews will begin with the provision of a regional data profile to the region. The data will, where possible, be county specific for the area participating in the regional review. Prior to the CPS Quality Assurance Division review, the region will have an opportunity to comment on the data profile and identify regional or county strengths and challenges. Therefore, by September 2003, all components of the CFSR process will be replicated through the regional review process.

On a quarterly basis, the CPS Quality Assurance Division produces a region-specific report, known as the CPS Quality Assurance Report. This is a web-enabled report that provides regional outcome percentages in the areas of safety, permanency, and well-being. Included in the CPS Quality Assurance Report are approximately twenty critical analyzed data indicators, including the six data indicators used in the federal review process. Other indicators include such items as the percentage of cases opened for services beyond investigation, the frequency of face-to-face contacts with the child and parent, and the percentage of Family-Based Safety Services cases closed with a successful outcome code. A federal grant, awarded jointly to PRS and the University of Texas at Arlington, is providing a mechanism for displaying current outcome and performance data. Statewide staff are currently being trained in the use of this technology to keep them aware of the most recent state of conformity to indicators associated with the seven outcomes. Known as DEMOS (Data Enhanced Management Online System), CPS Quality Assurance Report are based on the principle that knowledge of the most recent performance information drives better practice decisions.

The Quality Assurance Report provides an opportunity for regional staff to receive timely information on outcome achievement for their area of responsibility, as well as how that achievement compares to other regions. Regional accountability, with the addition of the opportunity to analyze data through DEMOS down to a unit level, provides the ability to identify areas within each region performing above or below required indicators. Best practice information can be gleaned from those areas with consistent excellence in their performance. Local areas unable to achieve a performance level can identify resources areas comparable in size and other factors to which they can turn for support. The CPS Quality Assurance Report is posted on the PRS Intranet Website and is available to all CPS staff. By reflecting cumulative data for each quarter, the CPS Quality Assurance Report provides clear, quarterly data points for performance and outcome measurements.

**Strategies, Action Steps, and Benchmarks**

<b>Safety Outcome 1</b>			
<b>Strategy 1. Conduct periodic review of cases to monitor timeliness and handling of repeat maltreatment referrals to ensure continued progress in safety issues.</b>			
Division Lead: Division Administrator for Quality Assurance			
<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
Convert the CFSR On-Site Review Instrument into a single on-line structured case reading tool that contains each of the CFSR safety, permanency, and well-being components.	The three structured case reading components will be completed and integrated into an automated single tool.	Safety: Bjork Permanency: Ross-Jefferson	9/03
Train the regional case analysts in the use of the structured case reading tool, including objective case reading and provision of constructive feedback to regional field staff.	All regional case analysts will be trained.	Well-Being: Villarreal	
A. Training to be developed with CPS QA and NRC-OI staff	Source of Measurement: Printed copies of windows in completed, combined automated tool.	National Resource Center for Organizational Improvement: Pierson	A. 9/03 B. 12/03 C. 3/04
B. Training will be delivered to case analysts	Structured case readings will be completed, with analysis distributed.	Pierson	9/03
C. Constructive feedback provided to regional field staff	Source of Measurement: Copies of CPS QA Quarterly Report		
Complete quarterly structured case readings, in each of the 11 regions, utilizing the structured case reading tool to review a sample sufficient for regional validity. Data for each case reading will be analyzed and results will be distributed to CPS Program Administrators on a quarterly basis.	90% statewide conformance on Safety Outcome 1, including Items 1 and 2, will be sustained for three consecutive quarters.	Pierson	3/04
Source of Measurement: Copies of CPS QA Quarterly Report			
<b>Strategy 2. Utilize expertise of regional Risk Directors in improving response to repeat maltreatment for most vulnerable children.</b>			
Division Lead: State Risk Director			
<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
Risk Director reviews of multiple referral high-risk cases (cases with three or more referrals on families with children under age of three years) and recommendations will be made a part of the CPS case file.	Structured case readings will begin collecting data identifying documentation has been placed in the CPS case file.	Pierson	6/03
Source of measurement: PSA			

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providing a review of case history and specific action steps for staff to follow. Cases selected for risk director review include all cases with three or more referrals in a one year period with children under the age of 5 years of age. Though multiple-referral cases are currently being reviewed by risk directors, the content of the risk director recommendations a part of the case file had not been required. This change documents any discussions or staffings, as well as all recommendations made to caseworker staff regarding each case.	documenting requirement for inclusion of Risk Director documentations in case file		
Implement a Risk Director data base for collection of case review data.	Regional Risk Directors will enter all case review data into the data base.	Traver	6/03
Generate a region-specific and statewide summary of trends associated with repeat maltreatment findings. Results will be shared with regional staff	Source of measurement. Copy of examples of printed portions of data base.	Traver	12/03
	CPS Program Administrators will receive the reports and discuss findings at each CPS Program Administrator meeting.		
	Source of measurement: Copy of CPS Risk Director meeting minutes. Copy of CPS Program Administrator meeting minutes		

**SAFETY OUTCOME 2**

**SAFETY OUTCOME 2**

Children are safely maintained in their homes whenever possible and appropriate.

**Goal/Negotiated Measure/Percent of Improvement**

By December 2004, Texas will achieve 82.6 percent conformance with the CFSR Safety Outcome 2. In the 2002 Texas CFSR Baseline, 77.6 percent of the cases were rated as having substantially achieved this outcome. Ninety percent is required for an overall rating of substantial conformity.

Item 3. Services to family to protect child(ren) in home and prevent removal. In the 2002 Texas CFSR Baseline, 81 percent of the cases were assigned an overall rating of Strength. By December 2004, Texas will achieve 86 percent conformance with this outcome.

Item 4. Risk of harm to children. In the 2002 Texas CFSR Baseline, 80 percent of the cases were assigned an overall rating of Strength. By December 2004, Texas will achieve 85 percent conformance with this outcome.

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**Discussion**

Review findings identified cases in which needed services were not provided, a lack of follow-up occurred, or gaps in services existed when caseworkers changed. Statewide Assessment task force members and stakeholders discussing review results believed the issue is one of transition during changes in caseworkers. The transition from one caseworker to another occurred not only within a stage of service, particularly during the family-based safety services stage of service, but also as a result of turnover among staff. During transition from one caseworker to another, there were gaps in services when the transition to a new caseworker was not immediate, failure of a new caseworker to address all needs identified by the initial caseworker, and a sense that many families had to "start over" when there were staff changes.

Stakeholders reviewing the federal Texas Final Summary voiced opinions on the root of the lack of substantial conformity in the Safety 2 Outcome. The challenges of high turnover coupled with retirement have contributed the failure to achieve substantial conformity in the Safety 2 Outcome. Turnover issues contributing to lack of conformity and follow up on services is directly impacted by high caseworker and supervisory turnover. As the average tenure for caseworkers has declined over time, so has the average tenure for supervisors. This change has had two effects. First, less experienced supervisors are less likely to support and compensate for the lack of tenure in the caseworker workforce. Second, promoting less experienced supervisors may have contributed to the high turnover rate. Caseworkers need support and professional guidance from their supervisors. Existing caseworkers cite lack of supervisory support as one of the primary reasons for leaving the agency.

A systemic program for developing future leaders was determined to be critical by PRS and has been created through a new initiative (PRS Tomorrow), designed to develop leadership within PRS. PRS Tomorrow is built around eight competencies identified as essential skills for the PRS leader: strategic thinking, change management, decision making, communication, collaboration, development of self and others, cultural competence, and integrity. The initiative contains four components: The 4 Roles of Leadership (a three day basic leadership training program), a 360 Assessment (allows participants to receive feedback from their supervisor, training focusing on their strengths and weaknesses), knowPRS (an agency overview of peers, and employees on their strengths and weaknesses), how each function impacts other systems in PRS, and a holistic view of the agency), and mentoring (matching a participant with a mentor who has well-developed skills in competencies). Advanced leadership training (offers the participant an opportunity to choose courses in areas that support his or her individual development plan) is also available. Other initiatives addressing turnover, as well as economic changes across the state, have resulted in a slight, but noticeable reduction in caseworker turnover from the Fiscal Year 2001 statewide turnover rate of 27.9 percent to the Fiscal Year 2002 statewide turnover rate of 25.3 percent and may also be having the desired impact.

**Strategies, Action Steps, and Benchmarks**

Safety Outcome 2	Item 3 - Services to family to protect child(ren) in home and prevent removal.	Strategy 1. When a transition in caseworkers occurs, either due to a change in stage of service or turnover, ensure that service delivery will not be adversely impacted.	Division Lead: Division Administrator for Intake Investigation & Family-Based Safety Services and State Risk Director
Action Steps	Method of measuring improvement	Lead	Target Date
Provide additional training to CPS supervisors on decision-making and transition of cases.	Training will be developed and delivered.	Traver, Garnett	A. 9/03 B. 12/03 C. 3/04 D. 9/04
A. Training will be developed by Regional Risk Directors as a Risk Assessment Module. B. Training will be delivered statewide to CPS program directors by the CPS State Risk Director and Professional Development Division training staff. C. CPS Program Directors will deliver training statewide to CPS supervisors. D. Participants will be provided training evaluation survey forms. The feedback will be reviewed to assess and improve training effectiveness.	A. Curriculum developed, delivered to supervisors. B. Train the Trainers completed. C. Statewide training delivered to supervisors. D. Evaluation forms are completed, with constructive feedback integrated into revised training. Source of Measurement A. Copy of curriculum B. Train the Trainer training evaluation form summary C. Training evaluation form summary. D. Copy of curriculum revisions.		
Provide training to direct delivery staff on how to better engage hard to reach parents by utilizing expertise from parents in the Parent Collaboration Group.	The video will be created and utilized in a minimum of 3 training settings per region. Source of measurement: Copy of training video Documentation of training settings per region.	Ross-Jefferson	A. 12/03 B. 3/04
<b>Strategy 2. Conduct periodic review of cases that transition from investigation to family-based safety services to monitor completion of services assessed as needed.</b> Division Lead: Division Administrator for Quality Assurance			

Action Steps	Method of measuring Improvement	Lead	Target Date
Complete quarterly structured case readings in all 11 regions, utilizing the structured case reading tools. Data for each case reading will be analyzed and results will be distributed to CPS Program Administrators on a quarterly basis.	Discussions of trend results and next steps will be a routine agenda item at each CPS Program Administrator meeting. Source of measurement: Copy of CPS Program Administrator meeting notes and copy of CPS QA Quarterly Report.	Pierson	3/04
<b>Strategy 3. Develop satisfaction survey for clients receiving FBSS services.</b> Division Lead: Division Administrator for Quality Assurance			
<b>Action Steps</b>	<b>Method of measuring Improvement</b>	<b>Lead</b>	<b>Target Date</b>
A survey to be distributed to parents at the completion of family-based safety services and six months after case closure will be used. A. Survey will be designed (with input from the Parent Collaboration Group) B. Survey will be used in two regions by FBSS clients at case closure and 6 months after case closure C. Survey will be analyzed to obtain client-driven input into improving services.	Survey will be developed, administered, analyzed, feedback will be provided to CPS program administrators via the CPS QA Quarterly Report. Source of measurement: Copy of CPS QA Quarterly Report.	Villarreal, Popejoy	A. 12/03 B. 3/04 C. 6/04
<b>Safety Outcome 2</b> <b>Item 4 - Risk of Harm to children.</b> <b>Strategy 1. Enhance training for CPS Staff with an emphasis on appropriate handling of subsequent reports on active cases.</b> Division Lead: CPS State Risk Director			
<b>Action Steps</b>	<b>Method of measuring Improvement</b>	<b>Lead</b>	<b>Target Date</b>
Provide additional training to CPS supervisors on subsequent reports in active cases. A. Training will be developed by Regional Risk Directors as a Risk Assessment Module. B. Training will be delivered statewide to CPS program directors by the CPS State Risk Director and Professional Development Division training staff. C. CPS Program Directors will deliver training statewide to CPS supervisors. D. Participants will be provided training evaluation survey forms. The feedback will be reviewed to assess	Training will be developed and delivered. A. Curriculum developed. B. Train the Trainers C. Statewide training delivered to supervisors. D. Evaluation forms are completed, with constructive feedback integrated into revised training. Source of Measurement:	Taver, Garrett	A. 9/03 B. 12/03 C. 3/04 D. 9/04

and improve training effectiveness.	A. Copy of curriculum B. Train the Trainer training evaluation form summary.* *Note: Evaluation form summaries reflect a composite analysis of the training, including the number or percentage of staff trained C. Training evaluation form summary. D. Copy of curriculum revisions.		
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**Strategies, Action Steps, and Benchmarks**

<b>Safety Outcome 2</b> <b>Item 3* - Services to family to protect child(ren) in home and prevent removal AND Item 4* - Risk of Harm to child(ren).</b> *Strategy impacts both Item 3 and Item 4.			
<b>Strategy 1. Reduce caseworker turnover by strengthening leadership and management skills to produce a more effective administration.</b> Division Lead: PRS Tomorrow State Coordinator			
<b>Action Steps</b>	<b>Method of measuring Improvement</b>	<b>Lead</b>	<b>Target Date</b>
PRS Regional Directors, Deputy Regional Directors, Program Administrators and Program Directors with management responsibilities, as well as their state office counterparts, will complete the four components of PRS Tomorrow (Stage One of PRS Tomorrow. Note: the time frame for participant completion is 2 years.)	Source of measurement: Training evaluation form summary	Melant	3/05
Certified CPS Supervisors will complete the four components of PRS Tomorrow (Stage Two of PRS Tomorrow. Note: the time frame for participant completion is 2 years.)	Stage Two will be initiated. Source of measurement: Training evaluation forms	Melant	3/04

## PERMANENCY OUTCOME 1

### PERMANENCY OUTCOME 1

Children have permanency and stability in their living situation.

#### Goal/Negotiated Measure/Percent of Improvement

By December 2004, Texas will achieve 82 percent conformance with the CFSR Permanency Outcome 1. In the 2002 Texas CFSR Baseline, 71.9 percent were rated as having substantially achieved this outcome. Ninety percent is required for an overall rating of substantial conformity.

Item 5. **Foster Care Re-entries.** In the 2002 Texas CFSR Baseline, 91 percent of the cases were assigned an overall rating of Strength. This item is rated as a strength.

**Statewide data indicator for foster care re-entries.** The national standard requires a state to have 8.6 percent or less of the cases have a child return to foster care within 12 months of dismissal from foster care. In the 2002 Texas CFSR Baseline, 1.5 percent of the cases had a child return to foster care within 12 months of dismissal from foster care. Texas exceeds the national standard.

Item 6. **Stability of foster care placement.** In the 2002 Texas CFSR Baseline, 78 percent of the cases were assigned an overall rating of Strength. By March 2005, Texas will achieve 83 percent conformance with this item.

**Statewide data indicator for stability of foster care placements.** The national standard requires a state to have 86.7 percent or more of the cases with 2 or fewer placements within the first 12 months of placement. In the 2002 Texas CFSR Baseline, 71.2 percent of the cases had 2 or fewer placements within the first 12 months of placement. Texas did not meet the national standard. By March 2004, Texas will raise this indicator to 73 percent and by March 2005, Texas will raise this indicator to 74 percent.

Item 7. **Permanency goal for child.** In the 2002 Texas CFSR Baseline, 78 percent of the cases were assigned an overall rating of Strength. By March 2005, Texas will achieve 83 percent conformance with this item.

Item 8. **Reunification, Guardianship, or Permanent Placement with Relative.** In the 2002 Texas CFSR Baseline, 92 percent of the cases were assigned an overall rating of Strength. This item is rated as a strength.

**Statewide data indicator for length of time to achieve reunification.** The national standard requires a state to have 76.2 percent or more of the children for whom the permanency goal was reunification achieve reunification within 12 months. In the 2002 Texas CFSR Baseline, 64.4 percent of the children for whom the permanency goal was reunification achieved reunification within 12 months. Texas did not meet the national standard. By March 2004, Texas will raise this indicator to 66 percent and by March 2005, Texas will raise this indicator to 70 percent.

Item 9. **Adoption.** In the 2002 Texas CFSR Baseline, 57 percent of the cases were assigned an overall rating of Strength. By March 2005, Texas will achieve 65 percent conformance with this item.

**Statewide data indicator for adoption.** The national standard requires a state to have 32 percent or more of the children for whom the permanency goal was adoption have their adoption consummated within 24 months of becoming legally free for adoption. In the 2002 Texas CFSR Baseline, 43.7 percent of the children for whom the permanency goal was adoption had their adoption consummated within 24 months of becoming legally free for adoption. Texas exceeds this national standard.

Item 10. **Permanency goal of other planned permanent living arrangement.** In the 2002 Texas CFSR Baseline, 100 percent of the cases were assigned an overall rating of Strength. This item is rated as a strength.

#### Discussion

Multiple issues contributed to the lack of substantial conformity for Permanency Outcome 1, an outcome with multiple items and indicators. A lack of sufficient, appropriate foster and adoptive placements contributed to placement instability and delayed permanency for some children. With many foster parents adopting children, many more new foster parents are needed. New foster parents have less experience and skill in addressing specialized needs of children in care. Placement disruptions caused moves contrary to the needs of some children. Barriers within the existing Level of Care system focused on the child's problems and provided a financial disincentive to help a child improve.

The reunification national standard was not met due to a statewide practice of continuing the legal case for a period of time after the child was returned to the home, in order to provide legal protection during a very vulnerable period. PIP stakeholder input, matching feedback obtained during the Statewide Assessment and On Site Review components, indicated support of the continuation of legal oversight. Alternatives to achieve the reunification standard without sacrificing the additional legal protection will be explored, but has little support within the judicial community or among stakeholders. Indeed, stakeholders often referred to this practice as a mechanism for enhancing the safety of children. Re-entry into foster care rates were analyzed and found to remain in substantial conformity when data was obtained regarding the discharge from foster care defined by the child's return home, regardless of legal status. Texas maintains the position that the child's return to the parents, with or without continuation of the legal case, and the discontinuation of foster care payment is what should be considered reunification. Nevertheless, efforts are required to address the issue.

Improved legal representation would improve the strength in performance regarding an appropriate permanency goal and the removal of legal barriers to achieving permanency. 95 of the 254 counties are not providing legal representation for CPS. More effective case planning is also needed.

Two major initiatives, the Advancing Residential Childcare (ARC) Project and planning for a statewide Kinship program are now underway, but the final result of these initiatives will not occur prior to the end of the PIP period. Both will address the issues identified by the CFSR contributing to the lack of substantial conformity in Permanency Outcome 1. The ARC Project began in Fall 2002 and is a joint Health and Human Services Commission/PRS strategic initiative. The Project Goal is to operationalize an integrated philosophy and approach to residential childcare services centered on individual child needs. The project will include a transition from the current rate structure to a new rate structure. It will be child centered and services will be designed to go to a child instead of the child going to the services, resulting in

fewer placement changes and continuity of therapeutic relationships. It will emphasize a child's needs and the services required to address those needs, instead of the child's behaviors. The Program Improvement Plan Matrix associated with the ARC Project does not contain extensive detail because discussions and collaborative activities between PRS staff, providers and other stakeholders continues. The importance of involvement of stakeholders and consensus-building is critical to this project. ARC will address the issue of movement of children in foster care, addressing root changes needed to impact and improve permanency outcomes associated with placement changes. Further details will be expounded upon as they develop.

The statewide Kinship program has been proposed as a 2004/2005 Legislative Appropriation Request, but is contingent upon legislative approval and funding. Funding for a formal kinship care program would benefit children and the relative families with whom they are placed. Potential funding would allow PRS to provide an integration payment when children are placed and allow PRS to provide supportive services, and limited exceptional items reimbursement. Specifically, the Kinship program would provide a one-time integration payment of \$1,000 to each relative caregiver upon placement. The program would provide supportive services to the caregiver including:

- o Training and case management, as long as PRS maintains conservatorship.
- o Family counseling services not covered by Medicaid.
- o Childcare services to eligible kinship caregivers for children ages 0 through 12.

The Kinship program would allow reimbursement of flexible expenses incurred by the kinship family up to a maximum of \$500 per year. Expenses could be summer school tuition, tutoring, school supplies, school activities, car insurance fees for adolescents, etc. The proposed kinship program is designed to help children achieve a permanent placement in a safe nurturing environment that would maintain family continuity. It would use a strength-based approach to service delivery in the least restrictive environment available. Providing kinship caregivers with supportive services decreases the chances that families become more deeply involved with the CPS system; it enhances placement stability and permanency. The plan is to implement the kinship program with a two-year pilot and then implement the initiative statewide. Legislative support and funding requested is \$1,513,242 annually. Funding would support 625 total children placed in kinship in approximately 272 kinship families. This initiative is contingent upon legislation being considered during this 78<sup>th</sup> Legislative Session, which is not scheduled to finish prior to the end of May 2003.

If legislation is not secured and resources available to CPS do not provide sufficient consultation in order to achieve the improvement in permanency outcomes for children, additional consultation will be secured from the network of National Resource Centers or other child welfare entities.

**Strategies, Action Steps, and Benchmarks**

<b>Permanency Outcome 1</b>
<b>Item 6 – Stability of foster care placement</b>
<b>Strategy 1. Operationalize an integrated philosophy and approach to residential childcare services centered on individual child needs (Advancing Residential Childcare Initiative or ARC Project).</b>
<b>Division Lead: ARC Project Director</b>

Action Steps	Method of measuring improvement	Lead	Target Date
Convert existing Level of Care descriptions of a child's behavior into an assessment of the child's needs.	New definitions will be written and entered in PRS Rules	Dozier	9/03
Revise the residential childcare services within the contract template to describe the services CPS is purchasing.	Source of measurement: Adoption of new PRS Rules The contract template will be revised.	Dozier	3/04
Develop a quality assurance system to evaluate outcomes of individual children.	Source of measurement: Fiscal Year 2005 Residential Child Care Contract template. Behaviors and needs of children will be matched with services to obtain specified outcomes. A system to evaluate the outcomes will be in place and utilized in monitoring.	Dozier	9/04
Quality assurance data will be used to build residential capacity and identify unmet service needs. Data will be collected, analyzed and used to help build capacity.	Source of measurement: Copy of the monitoring plan to be utilized in the Fiscal Year 2005 Residential Child Care Contract. Placement and resource capacity will be increased.	Dozier	3/05
Communication regarding project direction and status with thousands of residential providers, legislators and the general public will be facilitated through the Internet. www.e-provider.org, a PRS website which went on-line 12/1/02 will be utilized to provide two-way communication with external and internal stakeholders.	Source of measurement: www.e-provider.org will remain a link from the PRS website and from the PRS internet site e-caseworker. It will be maintained quarterly. Source of measurement: Copy of updates provided quarterly.	Dozier	6/03
Revise residential childcare licensing standards. Standards will describe services delivered, describe operational requirements, consolidate license types, be consistently interpreted by PRS staff, measure the nature and extent of non-compliance, and allow flexibility with regard to how a provider meets the standards.	Source of measurement: Adoption of Residential childcare licensing standards as rules.	Dozier	3/05

**Strategy 2. Implement a formal CPS Kinship program, subject to approval by the 78<sup>th</sup> Texas Legislature.**

**Division Lead: Division Administrator for Placement Services**

<p>Submit Legislative Appropriations Request for consideration by the "86" Texas Legislature for indicating support of the program as demonstrated by funding</p>	<p>Legislative Request will contain Kinship Care proposal for 2004/2005. Source of measurement: Copy of PRS Legislative Appropriations Request.</p>	<p>Teutsch</p>	<p>6/03</p>
<p>If Legislation is secured, initiate a kinship care program through a two-year pilot. The program would begin in two geographic areas (Beaumont and Corpus Christi / Edinburg / Valley region). These geographic locations were chosen for initial implementation because of their large populations amenable to providing care for related children and due to the lower socio-economic levels found in the regions.</p> <p>If Legislation is not secured, implement strategies to achieve goals identified in the formal CPS Kinship Care Program.</p> <p>The strategies will not be contingent on legislative approval and funding.</p>	<p>Funding will have been secured to implement pilot.</p> <p>Source of measurement: Disposition of Legislation PSA announcing implementation of Kinship care program two year pilot.</p> <p>Action steps and benchmarks will be developed. Strategies and steps will be implemented.</p> <p>Source of measurement: Fiscal Year 2004 Data Book and quarterly data provided through PRS Data Warehouse.</p>	<p>Teutsch</p>	<p>3/05</p>
<p><b>Permanency Outcome 1</b></p> <p><b>Item 6 – Stability of foster care placement (Statewide data indicator)</b></p> <p><b>Strategy 1. Obtain federal clarification on Adoption and Foster Care Automated Reporting System (AFCARS) definitions and interpretations. Revise policies and coding on placements in accordance with AFCARS definitions and interpretations.</b></p> <p><b>Division Lead:</b> Division Administrator for Placement Services</p>			
<p>Obtain technical assistance in obtaining federal clarification regarding definitions used for placement changes</p>	<p><b>Method of measuring Improvement:</b> National Resource Center for Information Technology in Child Welfare (NRC-ITCW) will provide guidance.</p> <p>Source of measurement: Copy of CPS revised policies and coding on placements in accordance with AFCARS definitions and interpretations.</p>	<p>Teutsch</p>	<p>3/05</p>
<p>Modify automated mechanism for identifying placement changes to exclude temporary hospitalization events and administrative child-placing agency changes that do not involve an actual placement change from being counted as a child's placement change.</p>	<p>Hospital placements and administrative child-placing agency changes will be excluded from AFCARS data counts</p> <p>Source of measurement: Copy of AFCARS coding for PRS showing appropriate exclusion of data.</p>	<p>Teutsch</p>	<p>6/03</p>

<p><b>Permanency Outcome 1</b></p> <p><b>Item 7 – Permanency goal for the child</b></p> <p><b>Strategy 1. Increase the use of mediation.</b></p> <p><b>Division Lead:</b> Assistant Director for Programs</p>			
<p>Pursue alternatives for funding increases in mediation for CPS cases to increase the family involvement and family conferencing prior to court hearings in which the permanency goal is established. There are three mediation projects in existence at this time that will serve as models.</p>	<p>Grant application for increased mediation will be completed.</p> <p>If funding is secured, new mediation projects will be implemented.</p> <p>Source of measurement: Copy of letter accompanying grant application</p>	<p>Brown, Hurley</p>	<p>6/04</p>
<p><b>Strategy 2. Improve legal representation for CPS.</b></p> <p><b>Division Lead:</b> Division Administrator for Intake, Investigation and Family Based Safety Services</p>			
<p>Pursue alternatives for funding to increase the use of cluster court attorneys or regional litigation specialist.</p>	<p>Grant applications will be submitted. Regional litigation specialist role will be presented to Supreme Court Task Force on Foster Care for consideration of support.</p> <p>Source of measurement: Copy of letter accompanying grant application</p>	<p>Pena, Hurley</p>	<p>6/04</p>
<p>Explore alternatives for improved legal representation in areas in which the counties have refused to provide legal representation for CPS.</p>	<p>Multi-disciplinary work group on legal representation will make recommendations for improvement to PRS executive staff and the Supreme Court Task Force on Foster Care.</p> <p>Source of measurement: Copy of recommendations for improvement submitted by work group</p>	<p>Pena, Hurley</p>	<p>6/04</p>
<p><b>Permanency Outcome 1</b></p> <p><b>Item 8 – Reunification, guardianship, or permanent placement with relatives (Statewide Data Indicator).</b></p> <p><b>Strategy 1. Explore alternatives and possible legal remedies to the statewide practice of continuing the court case after a child has returned home, without adversely impacting the safety of children.</b></p> <p><b>Division Lead:</b> Assistant Director of Programs</p>			
<p>Supreme Court Task Force on Foster Care will clarify their judicial position regarding the practice of continuing the legal case after a child has returned</p>	<p>Supreme Court Task Force on Foster Care will complete position paper and distribute to stakeholders.</p> <p>Source of measurement:</p>	<p>Hurley</p>	<p>6/03</p>

home by writing a position paper on the issue.	Copy of position paper.		
Explore legal alternatives by reviewing the impact of re-filing a court case upon returning a child home.	Alternatives will have been identified and analyzed, with input from the judiciary.	Sanders, Burgess, Supreme Court Task Force on Foster Care	12/03
Open dialogue with judges through the Court Improvement Project on legal resolution/discharge from care, as well as legal resolution for addressing longer-term problems such as substance abuse.	Source of measurement: Copy of legal alternatives identified with pros and cons for each alternative. Alternatives will have been identified and analyzed, with input from the judiciary.	Lake, Supreme Court Task Force on Foster Care	12/03
<b>Strategy 2: Implement Family Group Conferencing after removal of a child to improve case planning and increase reunification or relative placement.</b> Division Lead: Division Administrator for Placement Services			
<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
Begin piloting the use of Family Group Conferencing after removal of a child and at other stages of service.	Pilot will be initiated and the evaluation results will determine next steps for practice.	Teutsch, Baumann	A. 9/03 B. 9/03 C. 12/03 D. 3/04 E. 12/04 F. 3/04
A. Amend policy to allow use of Family Group Conferencing after removal of a child. B. Identify location, protocol, staff for pilot. C. Provide training for staff participants. D. Initiate pilot. E. Evaluate effectiveness of Family Group Conferencing. F. Identify implementation plan for expansion.	Source of measurement: A. Copy of PSA reflecting policy changes. B. Copy of implementation plan for pilot. C. Training evaluation form summary. D. PSA announcing pilot initiation. E. Copy of evaluation of pilot expansion. F. Copy of implementation plan for expansion.		
<b>Item 9 - Adoption.</b>			
<b>Strategy 1: Improve timeliness of finalizing adoptions.</b> Division Lead: Division Administrator for Placement Services			
<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
Increase the registration of children in the Texas Adoption Resource Exchange (TARE) who do not have an adoptive placement identified 90 days	Query will reflect at least a 3% increase in registrations per quarter.	Mack, Pierson	6/03
Structured case reading identifies 80% of Texas Program Improvement Plan Page 33			

after becoming legally free for adoption, when the permanency plan is adoption.	children needing registration are registered on TARE within 30 days.		
Determine children legally free for 90 days who have a permanency goal of adoption.	Source of measurement: A. Copy of structured case reading results indicating registration on TARE in timely manner for children who have adoption permanency plans and are legally free for adoption. B. Copy of quarterly CAPS query. C. Copy of PSA requiring individual regional plans and tracked submitted regional approved plans.		A. 9/04 B. 6/03 C. 9/03
A. Query begins to be completed on a quarterly basis. Submit quarterly report to regions, identifying children to be added to TARE or have exception reason identified.			
B. Identify children who are not already on TARE and who are in foster/adopt placement. Remaining children represent those who need registration.			
C. Regional Foster/Adopt staff will determine individual regional plan to obtain registration of these children on TARE or document exception reason within 30 days of identification and submit to CPS state office for approval and collection.			
Develop curriculum on concurrent planning and adoption preparation to increase knowledge and skills of adoption preparation staff.	Complete Request for Proposals for curriculum development.	Teutsch	3/04
Implement training plan to present curriculum.	Curriculum will be developed. Train the trainers sessions will be completed. Adoption preparation staff will be trained. Source of measurement: Copy of curriculum Evaluation form summary for train the trainers Evaluation form summary for adoption preparation staff.		
<b>Strategy 2: Remove barriers to provision of training enabling greater number of adoptive parents to become available for placement of child.</b> Division Lead: Division Administrator for Placement Services			
<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
Decrease the delays between application for licensure as an adoptive parent and receipt of PRIDE training. The delay will be reduced by offering more PRIDE and Mini PRIDE training	Fiscal Year 2002 PRIDE and Mini PRIDE training classes will be counled and become the baseline. Fiscal Year 2004 PRIDE and Mini PRIDE training classes will be increased by 50	Teutsch	9/04
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Classes	percent	Source of measurement	Lead	Target Date
<b>Strategy 3. Implement faith-based placement initiative to increase foster and foster/adoptions.</b> Division Lead: Division Administrator for Placement Services				
<b>Action Steps</b> Present Implementation Plan for Faith-Based Placement Initiative to Legislators to obtain legislative support and funding		Presentation will be complete. *Continuation of additional steps contingent upon funding and support by Legislature.	Teutsch	6/03
Recruitment*: o Provide technical assistance to faith-based congregations. o Provide printed recruitment material. o Conduct recruitment activities and information meetings at local congregations.		Source of measurement: Copy of powerpoint presentation Recruitment activities will have occurred based on regional notification of completed activities sent in quarterly.	Teutsch	3/04
<b>Training and Support*</b> o Provide on-site pre-service training (Mini-PRIDE - 12 hours) o Approve home study within one month of completing pre-service training. o Provide in-service training at local congregation. o Provide technical support to the foster families after placement. o Complete required background checks.		Source of measurement: Copy of list of new faith based families and the supporting congregations Families, with supporting congregations, are trained.	Teutsch	9/04
If Legislation is not secured, implement strategies to achieve goals identified in the faith-based placement initiative.		Action steps and benchmarks will be developed. Strategies and steps will be implemented.	Teutsch	3/05
The strategies will not be contingent on legislative approval and funding.		Source of measurement: Fiscal Year 2004 Data Book and quarterly data provided through PRS Data Warehouse.		

**WELL-BEING OUTCOME 1**

Families have enhanced capacity to provide for their children's needs.

**WELL-BEING OUTCOME 1**

**Goal/Negotiated Measure/Percent of Improvement**

By March 2005 Texas will achieve 80 percent conformance with the CFSR Well-being Outcome 1. In the 2002 Texas CFSR Baseline, 70 percent of the cases reviewed were rated as having substantially achieved this outcome. Ninety percent is required for an overall rating of substantial conformity.

**Item 17. Needs and services of child, parents and foster parents.** In the 2002 Texas CFSR Baseline, 72 percent of the cases were assigned an overall rating of Strength. By March 2005 Texas will achieve an 80 percent conformance rating on this item.

**Item 18. Child and family involvement in case planning.** In the 2002 Texas CFSR Baseline, 79 percent of the cases were assigned an overall rating of Strength. By March 2005, Texas will achieve an 85 percent conformance rating on this item.

**Item 19. Worker visits with child.** In the 2002 Texas CFSR Baseline, 82 percent of the cases were assigned an overall rating of Strength. By March 2005, Texas will achieve an 87 percent conformance rating on this item.

**Item 20. Worker visits with parent.** In the 2002 Texas CFSR Baseline, 81 percent of the cases were assigned an overall rating of Strength. By March 2005 Texas will achieve an 86 percent conformance on this item.

**Discussion**

Areas needing improvement in order to reach substantial conformity for Outcome Well-Being 1 reflect the need to improve the case planning process, improve contacts between caseworkers and the child and family, follow up on services arranged to address assessed needs, and develop knowledge and expertise regarding specialized needs of children in regional CPS staff. Some of the problems associated with the case planning process can be attributed to the challenges of a complex, non-user friendly form that introduces an additional barrier for staff. An agency initiative to move the automation system to a web based system, scheduled for implementation on September 1, 2003, is providing the opportunity to completely re-design the case plan forms and remove many of these barriers. An emphasis on simplification, reduction of duplication, and increased user-friendliness has been utilized in the modifications.

A greater challenge for improving the case planning process is associated with a need to better involve families in the development of their own case plan, identifying and building on specific strengths while addressing needs and services assessed as critical for addressing the family's many stakeholders, will be piloted and implemented. The family group conference will be emphasized for cases in which the child has been removed, targeting the time period immediately after the actual removal, as well as other stages of service in order to obtain a continuum of its use. With a neutral facilitator guiding the meeting, the model will enhance collaboration with the family, more effectively involve relatives in the resolution of the issues, and better engage the family in the case planning process from the beginning.

Worker contact with the child and with the parents is clearly identified in policy and reflects the previously stated issues of turnover and workload. Monitoring and accountability will be emphasized to improve performance on those items.

On September 1, 2002, the positions of Developmental Disabilities Specialists and Educational Specialists were created in each region. These positions are enabling the creation of local expertise to serve as resources for regional staff as they attempt to navigate the special education, special needs, and services for children and their families. The Developmental Disabilities and Educational Specialists will provide consultation to PRS staff regarding cases by providing information and referral services regarding developmental disability or education-related resources; establish a regional network of services; develop/provide training to CPS staff and foster parents; assist in the identification of existing specialized placement resources; assist staffings. The specialized staff will not carry a caseload and will be available to attend Permanency Planning Team meetings, ARD meetings or other specialized treatment team or case management staffings with local caseworkers and supervisors as needed. Their resource and consultation function is not limited to caseworkers who have children with identified developmental disabilities or identified special education needs. They will serve as regional experts for educational, mental health and other needs.

**Strategies, Action Steps, and Benchmarks**

<b>Well-Being Outcome 1</b>			
Item 17 - Needs and services of child, parents, foster parents			
<b>Strategy 1. Review and modify the plans of service forms utilized by caseworkers for the development of child and family plans of service.</b>			
Division Lead: Division Administrator for Placement Services			
<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
Modify the case plan to make it a more user friendly, family centered tool. The form will be changed with the web-enabement of the automation system. Training of staff will be a part of the training conducted with the roll out of the IMPACT system.	Case plan forms will be altered and operational on-line and statewide. Feedback from staff will indicate improvement of the form and will be utilized in future modifications. Source of measurement: Copy of new case plan form Copy of summary of staff feedback.	Burgess, Popjoy, Teutsch	9/03
<b>Strategy 2. Operationalize an integrated philosophy and approach to residential childcare services centered on individual child needs (Advancing Residential Childcare Initiative or ARC Project).</b>			
Division Lead: ARC Project Director			
<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
Convert existing Level of Care descriptions of a child's behavior into an assessment of the child's needs.	New definitions will be written and enacted in PRS Rules. Source of measurement: Copy of new PRS Rules	Dozier	9/03

Revise the residential childcare contract to describe the services CPS is purchasing.	The contract template will be revised.	Dozier	3/04
Develop a quality assurance system to evaluate outcomes of individual children.	Source of measurement: Copy of new Residential Childcare Contract template for Fiscal Year 2005. Behaviors and needs of children will be matched with services to obtain specified outcomes. A system to evaluate the outcomes will be in place and utilized in monitoring.	Dozier	9/04
Quality assurance data will be used to build residential capacity (includes foster family homes) and identify unmet service needs. Data will be collected, analyzed and used to help build capacity.	Source of measurement: Copy of monitoring plan attached to new Residential Childcare Contract for Fiscal Year 2005. Placement and resource capacity will be increased through PRS Data Warehouse and quarterly data provided.	Dozier	3/05
<b>Strategy 3. Develop expertise in identification and development of services and resources to improve provision of services for assessed needs.</b>			
Division Lead: Division Administrator for Placement Services and Division Administrator for Operations			
<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
Create the core position of Developmental Disability Specialist in each region to provide consultation to CPS staff via information and referral, establish a regional network to coordinate services, develop and provide training to CPS staff and foster parents. These functions will assist in case planning activities and are designed to further meet needs of children with developmental disabilities.	A. The core position of Developmental Disability Specialist will be created. B. The position will be filled in each region. C. Training developed by Developmental Disability Specialist will be provided to CPS staff and foster parents. Source of measurement: Copy of list of all regional Developmental Disability Specialists. Copy of training evaluation form summary.	Surdivant	A. 6/03 B. 9/03 C. 3/04
Create the core position of Educational Specialist in each region to provide consultation to CPS staff via information and referral, establish a regional	A. The core position of Educational Specialist will be created. B. The position will be filled in each	Miller	A. 6/03 B. 9/03 C. 3/04

network to coordinate services, develop and provide training to CPS staff and foster parents. These functions will assist in case planning activities and are designed to further meet educational goals for children.	region	Miller	
	C. Training developed by Developmental Disability Specialist will be provided to CPS staff and foster parents		
	Source of measurement: Copy of list of all regional Developmental Disability Specialists		
	Copy of training evaluation form summary		

<b>Well-Being Outcome 1</b>			
<b>Item 18 – Child and Family Involvement in case planning</b>			
<b>Strategy 1. Implement Family Group Conferencing to Improve case planning and Increase reunification or relative placement.</b>			
Division Lead: Division Administrator for Placement Services			
<b>Action Steps</b>	<b>Method of measuring Improvement</b>	<b>Lead</b>	<b>Target Date</b>
Begin piloting the use of Family Group Conferencing during first week after removal of a child.	Pilot will be initiated and the evaluation results will determine next steps for practice.	Tausch, Baumann	A. 9/03 B. 9/03
A. Amend policy to encourage Family Group Conferencing after removal of a child. B. Identify location, protocol, staff for pilot. C. Provide training for staff participants D. Initiate pilot. E. Evaluate effectiveness of Family Group Conferencing. F. Identify implementation plan for expansion.	Source of measurement: A. Copy of PSA reflecting policy changes. B. Copy of implementation plan for pilot. C. Training evaluation form summary. D. PSA announcing pilot initiation. E. Copy of evaluation of pilot. F. Copy of implementation plan for expansion.		C. 12/03 D. 3/04 E. 12/04 F. 3/04
Enhance policy regarding fathers to place more emphasis in involving fathers in the case planning process. Policy will be changed to clarify the role of the father in the case planning and ongoing services process.	The policy change will be incorporated into the CPS Handbook. Source of measurement: Copy of PSA announcing new policy incorporation into the CPS Handbook.	Popeljoy	6/03
Develop policy to clarify expectations that caseworkers visit incarcerated parents in person and talk to them about their plan of service.	The policy change will be incorporated into the CPS Handbook. Source of measurement: Copy of PSA announcing new policy incorporation into the CPS Handbook.	Popeljoy	9/03

<b>Well-Being Outcome 1</b>			
<b>Item 19* – Worker visits with child.</b>			
<b>Item 20* – Worker visits with the family.</b>			
*Note: Strategies apply to both Item 19 and Item 20.			
<b>Strategy 1. Clarify guidelines regarding who is responsible for visits when multiple staff and/or service providers are involved with the same family</b>			
Division Lead: Division Administrator for Placement Services			
<b>Action Steps</b>	<b>Method of measuring Improvement</b>	<b>Lead</b>	<b>Target Date</b>
Inter-agency Foster Care Committee will explore how to reconcile the problem of duplicate treatment team and PPT meetings occurring for child-placing agency staff and CPS caseworkers working with the same family.	Barriers will have been identified and addressed through structured case readings on well-being measures. Source of measurement: Copy of PSA identifying barriers and making recommendation for reconciliation.	Engelking, Pierson	3/04
<b>Strategy 2. Utilize case review system to monitor worker contact with the child and with the parents.</b>			
Division Lead: Division Administrator for Quality Assurance			
Complete quarterly structured case readings, in all 11 regions, utilizing the structured case reading tools. Data for each case reading will be analyzed and results will be distributed to CPS Program Administrators on a quarterly basis.	Structured case readings will be completed, with analysis distributed. Source of measurement: Copy of CPS QA Quarterly Report	Villareal	3/04
Analyze data and provide statistical reports to regional administrative staff on compliance and outcome results; obtain any corrective action plans as needed.	90% statewide conformance on Well-Being Outcome 1, Items 19 and 20 will be sustained for three consecutive quarters.	Pierson	3/04
	Source of measurement: Copy of CPS QA Quarterly Report		

**WELL-BEING OUTCOME 2**

**WELL-BEING OUTCOME 2**  
Children receive appropriate services to meet their educational needs.

**Goal/Negotiated Measure/Percent of Improvement**

By March 2005, Texas will achieve 90 percent conformance with the CFSSR Well-being Outcome 2. In the 2002 Texas CFSSR Baseline, 84.2 percent were rated as having substantially achieved this outcome. Ninety percent is required for an overall rating of substantial conformity.

**Item 21. Educational needs of the child.** Of the cases reviewed, 83.3 percent were assigned an overall rating of Strength. By March 2005, Texas will achieve 90 percent conformance with the CFSSR Well-being Outcome 2.

**Discussion**

An Educational Work Group was utilized during 2002 to develop a plan for improving educational outcomes for children and addressing the educational outcome in the Program Improvement Plan. It had the following representatives: Judiciary, public school system, Texas Education Agency, youth in care, advocates for children with specialized needs, Transition Specialists, Casey Family Program, foster parents, early childhood intervention, Court Appointed Special Advocates, parents, and CPS. Areas identified as needing improvement in this outcome included obtaining educational services for assessed needs and improving the educational outcomes for children. Stakeholders in the work group emphasized advocacy for educational resources, enhancement of communication among agencies designed to meet needs of children, and reduction of school transfers for children in substitute care.

The exchange of aggregate information represents unprecedented sharing of information. Although general statistics nationwide have illustrated differences in educational achievement between youth in foster care when compared with youth in the general population, this data exchange will help target areas of greatest concern. Once such detailed evidence is available, the stakeholders in the system will be able to concentrate their efforts to result in an opportunity for significant improvement in meeting educational needs of youth in foster care.

**Strategies, Action Steps, and Benchmarks**

<b>Well-Being Outcome 2</b>			
<b>Item 21 – Educational needs of the child.</b>			
<b>Strategy 1. Improve the ability to monitor achievement of educational outcomes by removing communication barriers between systems.</b>			
<b>Division Lead: Division Administrator for Quality Assurance and Division Administrator for Placement Services.</b>			
<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
PRR will share demographic information regarding children in substitute care with the Texas Education Agency in exchange for aggregate data regarding that population. Aggregate data available will include such areas as standardized test scores, graduation and drop out rates, percentage of youth in special education classes, etc. The data will be a comparison of aggregate data for youth in foster care and aggregate data for youth in the general Texas population, by region and statewide totals.	A routine data exchange process will have been established that allows for the annual exchange of data between PRR and TEA.  Baseline data (Fiscal Year 2001) will be obtained.  Fiscal Year 2002 data will be obtained.  Data will be broken down into regional aggregate data.  Source of Measurement: Copy of aggregate data Regional reports will be distributed.  Source of Measurement: Miller Education Agency	Pierson, Texas Education Agency  Pierson, Texas Education Agency  Pierson, Texas Education Agency	6/03  6/03  3/04
Track and compare aggregate data for children in foster care with data for children in the	Source of Measurement: Regional reports will be distributed.	Miller	6/04

general Texas population. report will allow the distribution of aggregate data information to the CPS Program Administrator level in each region.	A CPS QA Quarterly Report		
Increase the knowledge and use of the Texas tuition waiver for youth aging out of foster care. Policy will be revised.	Policy for the Texas tuition waiver will have been revised. The improvement will be measured by an increase in utilization of the tuition waiver by eligible youth.  Source of measurement: Copy of PSA indicating policy has been changed.	Lurt	6/03

**Strategy 2. Develop effective advocacy for special educational needs of children and youth in substitute care.**

**Division Lead: Division Administrator for Placement Services**

<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
Develop surrogate parent training that results in surrogate parent status for trainees. The training will include a certificate of completion that trainees can take to schools to indicate completion of the training.  Train identified staff to be able to train trainers for surrogate parent training.	TEA-approved surrogate parent training that results in surrogate parent status for trainees. The training will include a certificate of completion that trainees can take to schools to indicate completion of the training.  Curriculum for training will have been developed.  Train the Trainers training will be completed.  Source of measurement: Copy of Curriculum. Copy of Train the Trainers evaluation form summary.  Incorporation of surrogate parent training into in-service training will be complete.	Miller, Jackson  Miller, Jackson	6/03  11/203
Make surrogate parent training a part of PRIDE in-service training for foster parents.	Source of measurement: Copy of PRIDE agenda	Teutsch	3/04
Provide surrogate parent training to foster parents.	Training schedule of 20 foster parents per quarter will begin.  Source of measurement: Copy of Foster Parent Training schedule. The number of CASA volunteers who receive surrogate parent training will begin to be tracked.	Miller	3/04
Make surrogate parent training curriculum available to CASA volunteers.	Source of measurement: Copy of CASA training schedule.	Miller, Texas CASA	3/04

**Strategy 3. Increase staff knowledge of special education resources, education resources, and the relationship to overall case planning.**

**Division Lead: Division Administrator for Placement Services**

Action Steps	Method of measuring improvement	Lead	Target Date
<p>Create core position of Educational Specialist in each region to provide case consultation with PRS staff, the establishment of a regional network, development, and provision of training to CPS staff and foster parents. The Educational Specialist will participate in targeted Admission, Review and Dismissal (ARD) meetings and will assist in the development of the Individual Education Plans (IEP) or Individual Transition Plans (ITP). They will provide consultation in person-centered case planning as it pertains to specific educational needs and services.</p>	<p>Educational Specialist positions will have been created in each of the eleven regions. Staff will have been selected, hired and trained for their new position in each of the eleven regions.</p> <p>Source of measurement: Copy of list of all regional Educational Specialists</p>	Miller	6/03
<p>Educational Specialists receive person-centered-planning training at statewide Educational Specialist meeting. Educational Specialists will share this expertise in consultation with direct delivery staff and identify training resources available to regional staff through existing training opportunities in the Educational Resource Center system.</p>	<p>Person-centered planning training will have been completed.</p> <p>Source of measurement: Copy of Training evaluation form summary</p>	Miller	3/04
<p><b>Strategy 4. Reduce School moves during the school year of children in substitute care and, when a move is required, improve the timely transfer of all educational records.</b> Division Lead: Division Administrator for Placement Services</p>			
<p><b>Action Steps</b></p> <p>Measure the number of moves made during a single school year for all children in substitute care for longer than 30 days, to compare with the general Texas child population. Report will reflect baseline data for children in substitute care who change schools during a single school year, with subsequent annual updates.</p>	<p><b>Method of measuring improvement</b></p> <p>Obtain baseline for Fiscal Year 2001.</p> <p>Obtain Fiscal Year 2002 measurement.</p> <p>Source of measurement: Copy of aggregate data on school moves.</p>	Lead Person	Target Date 9/03
<p>Internal and external stakeholders will analyze baseline data</p>	<p>Improvement targets for subsequent annual report will have been identified by region.</p>	Person	3/04

<p>Create a checklist of vital documents needed, such as a copy of critical educational records, to be included in a portfolio. The checklist will inform staff of types of documents to be kept in the portfolio (ex. copy of ARD, report cards, assessments, person-centered plans, and course information). The portfolio will follow the youth and will be given to the foster parents, until such time that the youth is discharged from substitute care. At that time, the portfolio will be given to the family and/or the youth.</p>	<p>Source of measurement: The Educational Specialist will have developed a checklist.</p> <p>Source of measurement: Copy of checklist of vital documents</p>	Miller	3/04
<p>Develop policy that explains the use of the portfolio by staff, foster child and foster parents. Begin using the portfolio to better track critical educational data for each child.</p>	<p>Policy will have been developed and incorporated into the CPS Handbook.</p> <p>Source of measurement: Copy of PSA announcing integration of policy into the CPS Handbook</p>	Miller	6/04

**WELL-BEING OUTCOME 3**

**WELL-BEING OUTCOME 3**

Children receive adequate services to meet their physical and mental health needs.

**Goal/Negotiated Measure/Percent of Improvement**

By March 2005, Texas will achieve 85 percent conformance with the CFRS Well-being Outcome 2. In the 2002 Texas CFRS Baseline, 72.9 percent were rated as having substantially achieved this outcome. Ninety percent is required for an overall rating of substantial conformity.

**Item 22. Physical health of the child.** In the 2002 Texas CFRS Baseline, 82 percent of the cases were assigned an overall rating of Strength. By March 2005, Texas will achieve 87 percent conformance with this item.

**Item 23. Mental health of the child.** In the 2002 Texas CFRS Baseline, 82.5 percent were assigned an overall rating of Strength. By March 2005, Texas will achieve 87 percent conformance with this item.

**Discussion**

Physical and mental health needs of children were routinely assessed, but cases determined to need improvement were lacking in follow up and obtaining the services for identified needs.

Stakeholders discussed concerns about sufficient services to meet the needs of the children and families.

The Developmental Disabilities and Educational Specialists, created as core positions in each region, will enhance the development of local expertise and knowledge. Though primarily focusing on children with special needs, the resource development will be generalized to include resource development for mental health needs in general.

The Advancing Residential Childcare (ARC) Project will address issues in this item. This strategic initiative will operationalize an integrated philosophy and approach to residential child care services centered on individual child needs by: 1) converting level of care descriptions of a child's behavior into an assessment of the child's needs; 2) revising residential child care contracts to describe the services CPS is purchasing; 3) revising minimum standards for residential childcare facilities and 4) developing a quality assurance system to evaluate outcomes for individual children. One of the end results will be an increase in capacity for services identified as needs for children in care, addressing current service gaps.

PRS and the Texas Council on Alcohol and Drug Abuse (TCADA) have developed a Memorandum of Understanding (MOU) to better serve our overlapping populations. The MOU began September 1, 2002 and focuses on the adolescent population. TCADA has agreed that adolescents who are in the conservatorship of PRS and have alcohol and/or substance abuse problems are considered to be a priority population by TCADA and their providers. Thus, adolescents who are in PRS care should be able to access inpatient and outpatient substance abuse treatment quickly. Therefore, CPS staff may refer to a list of TCADA licensed and funded treatment for adolescents for resource information. New referral procedures allow staff to call any of the adolescent treatment providers listed to make a referral for treatment. Those TCADA facilities will then conduct assessments to determine what kind of treatment, if any, is needed. Information such as psychological evaluations, especially if a substance disorder has already been diagnosed, will be shared.

The TCADA website <http://www.tcada.state.tx.us/>, with a wealth of information about their agency and services available to all populations, has been publicized to all CPS staff. Although the MOU does not speak to our adult clients with alcohol and/or substance issues, TCADA does have other priority populations regardless of involvement with CPS. These priority populations are:

- women with dependent children,
- pregnant women, and
- women whose children are in protective care (this can be a relative placement that does not involve CPS) and are seeking to regain possession of their children.

A statewide list of TCADA-Funded Outreach Screening and Referral Services was also distributed. Caseworkers can refer their clients to these services for assessment and referrals to treatment (inpatient with children, inpatient without children, intensive outpatient, outpatient-including aftercare, etc.). The PRS/TCADA Memorandum of Understanding represents a strengthened collaboration designed to address gaps in services for the treatment of substance abuse problems.

**Strategies, Action Steps, and Benchmarks**

<b>Well-Being Outcome 3</b>			
<b>Item 22 – Physical health of the child.</b>			
<b>Strategy 1. Develop expertise in identification and development of services and resources.</b>			
<b>Division Lead: Division Administrator for Placement Services</b>			
<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
Create the core position of Developmental Disability Specialist in each region. The Developmental Disability Specialist will provide consultation to CPS staff via information and referral. Establish a regional network to coordinate services, develop and provide training to CPS staff and foster parents. These functions will assist in case planning activities and are designed to further meet needs of children with developmental disabilities.	The core position of Developmental Disability Specialist will have been created and position filled in each region. Source of measurement: Copy of list of regional Developmental Disability Specialists	Sturdivant	3/04
<b>Strategy 2. Clarify guidelines for meeting specific physical health needs for the child.</b>			
<b>Division Lead: Division Administrator for Placement Services</b>			
<b>Action Steps</b>	<b>Method of measuring improvement</b>	<b>Lead</b>	<b>Target Date</b>
Review and revise policy to ensure physical health needs are addressed. Policy review will emphasize cases with transition in caseworkers, as well as in homes cases.	Policy will have been reviewed and revised. Source of measurement: Copy of PSA announcing integration of policy revisions into CPS Handbook	Sturdivant	3/04
Develop training on advocacy and available regional resources for physical health needs. Training will be developed for Developmental Disability Specialists, to be delivered through statewide Disabilities meetings and/or conference calls.	Coordinated statewide training for Developmental Disabilities Specialists will have taken place. Source of measurement: Copy of Training evaluation form summary	Sturdivant	3/04
Create region-specific information for available medical resources for use by regional CPS staff, foster parents, and parents.	Region-specific medical information will be developed, shared with regional staff, foster parents, and families. Information will be maintained. Source of measurement: Copy of examples region-specific information	Sturdivant	3/04

Well-Being Outcome 3			
Item 23 - Mental health of the child.			
Strategy 1. Develop expertise in identification and development of services and resources.			
Division Lead: Division Administrator for Placement Services			
Action Steps	Method of measuring improvement	Lead	Target Date
Create the core position of Developmental Disability Specialist in each region. The Developmental Disability Specialist will provide consultation to CPS staff via information and referral, establish a regional network to coordinate services, develop and provide training to CPS staff and foster parents. These functions will assist in case planning activities and are designed to further meet needs of children with developmental disabilities.	The core position of Developmental Disability Specialist will have been created and position filled in each region. Training developed by Developmental Disability Specialist will be provided to CPS staff and foster parents. Source of measurement: Copy of list of all regional Developmental Disability Specialists Copy of training evaluation form summary.	Sturdivant	6/03
Continue interagency collaboration with cross-training of all CPS, Adult Protective Services, and Texas Council on Family Violence direct delivery staff	Cross training and interagency training will be delivered statewide. Training content will be integrated into CPS Basic Skills Development training.	Pena TCFV	6/04
Review policy and revise, if needed, to ensure mental health needs are addressed. Policy review will focus on instances when there is a transition in caseworkers and for family-based safety services cases.	Source of measurement: Copy of training evaluation form summary Copy of CPS Basic Skills Development training form Policy will have been reviewed and revised, if needed.	Sturdivant	9/03
Develop training on advocacy and available regional resources to address mental health needs. Training will be developed for Developmental Disability Specialists, to be delivered through statewide Developmental Disabilities meetings and/or conference calls.	Coordinated statewide training for Developmental Disabilities Specialists will have taken place. Source of measurement: Copy of training evaluation form summary	Sturdivant	3/04
Create region-specific information for available mental health and domestic violence resources for use by regional	Region-specific mental health and domestic violence information will be developed and maintained.	Sturdivant	3/04

CPS staff, foster parents, and parents.			
Source of measurement: Copy of examples of region-specific information			
Strategy 2. Strengthen the availability of substance abuse assessment and treatment services and resources.			
Division Lead: Division Administrator for Operations			
Action Steps	Method of measuring improvement	Lead	Target Date
Conduct cross-training for PRS regional staff and TCADA funded youth treatment providers in Texas regarding the newly signed Memorandum of Understanding between PRS and TCADA. Liaisons from PRS and TCADA will meet regularly to expand coordination of services and enhance the collaboration between the two agencies.	Training will be completed for all designated staff in each region. As a result, inter-agency service coordination and communication will be facilitated. Source of measurement: Copy of training evaluation form summary Collaboration and an expansion of service coordination will be evident by the occurrence of at least one additional PRS/TCADA Joint Board Meeting.	Lake	12/04
	Source of measurement: Copy of PRS/TCADA Joint Board Meeting agenda. Copy of CPS Program Administrator meeting notes		

**Texas Child and Family Services Review**  
**Texas Program Improvement Plan**  
**Certification**

**Effective Date and State Official's Signature**

The following Federal and State officials agreed to the content and terms of the attached Program Improvement Plan:

\_\_\_\_\_  
Thomas Chapmond  
Executive Director  
Texas Department of Protective  
and Regulatory Services

Dated: \_\_\_\_\_

\_\_\_\_\_  
Leon McCowan  
HUB Director/Regional Administrator  
Administration for Children and Families

Dated: \_\_\_\_\_

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