TEXAS
Department of Family and Protective Services

Child and Family Services Review
Program Improvement Plan
February 3, 2025

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Program Improvement Plan

Section I: General Information

***State Information**

State/Territory: Texas

Date Submitted: February 3, 2025

Date Resubmitted: May 23, 2025

Date Approved: August,13, 2025

PIP Effective Date: July 1, 2025

End of PIP Implementation Period: June 30, 2027

End of Post-PIP Evaluation Period: December 31, 2028

Reporting Schedule and Format:

Program Improvement Plan Overview:

For CFSR Round 4, Texas was assessed with a Texas Statewide Assessment, Stakeholder Interviews, a Case Review of 100 cases, and the Data Profile. Having received a federal Final Report in November 2024, DFPS is submitting a Program Improvement Plan (PIP) to address areas identified as needing improvement. The PIP builds on the Administration for Children's (ACF) Final Report and describes work initiated immediately to improve the Texas child welfare system.

The Department of Family and Protective Services (DFPS) has evolved in the way it meets the unique and individual needs of Texas children and vulnerable adults. As such, the agency revisited and recalibrated its mission and vision statements to reflect its identity more accurately:

Mission
We build on strengths of families and communities to keep children and vulnerable adults safe, so they thrive.
Vision
Safe children and adults. Strong families and communities. Stronger Texas.

DFPS data improvement efforts have resolved the data quality issues used in the Round 4 Onsite Review and the ACF Final Report. The data profile utilized for this PIP comes from the February 2025 data profile. In that data profile, one safety data indicator was found to be in substantial conformity (Repeat Maltreatment), and one found to need improvement (Maltreatment in Foster Care). Three of the five permanency data indicators were in substantial conformity (Permanency in 12 months for both entries and 12 – 23 months, and Reentry into Foster Care). Two permanency data indicators were found to need improvement (Permanency in 12 months for 24+ months and Placement Stability).

Community-Based Care (CBC) is the new Texas foster care model, begun prior to the Round 4 Child and Family Services Review (CFSR) and not considered a PIP strategy. It allows local communities to meet children's and their families' unique and individual needs by tapping into the strengths and resources of each community. Most CPS duties will transition to local service networks, each operated by a Single Source Continuum Contractor (SSCC). Due to being a state-administered system and the CBC over-arching foster care model approach, DFPS is not targeting improvement to several counties. Instead, DFPS acknowledges the long-range CBC transition and chose to propose a statewide approach to program improvement. The exception to this approach is identified within the PIP, in circumstances where the approach begins with a pilot program. While it is anticipated that many of the PIP strategies will be implemented in each region across the state by the end of the 8 quarter CFSR PIP implementation period - quarterly PIP reports will specify such progress towards implementing each strategy statewide.

The Texas child welfare system is state-administered and divided into 11 main regions, with two sub-regions (3E and 3W for Dallas County and Tarrant County with their respective surrounding counties, 6A and 6B for Harris County and surrounding counties, and 8A and 8B for Bexar County and surrounding counties). These 14 individual regions, cover all 254 counties within Texas. By 2029, all of Texas will be served by CBC and transition will continue over the PIP evaluation period. When fully statewide, there may be more sub-regions, as statute allows an SSCC to cover an area smaller than a region.

DFPS develops policies and guides regions in their casework practices and procedures, whether served by Legacy or SSCC. The design phase of new projects may include pilot testing. When ready for implementation, changes may be released in a phased approach or statewide. Unless specifically stated as a pilot, all PIP activities reflect statewide implementation, with some including a phased approach.

List of Areas of Focus to Address Goals, Outcomes, Items, and Systemic Factors per the Final Report

Through the goals, strategies, and action steps presented in Section II of this Program Improvement Plan, the following overarching areas of focus are proposed:

1. **Safety – The Texas child welfare system will further Child Protection Evolution to strengthen child safety** (Children are protected from abuse and neglect and safely maintained in their homes whenever possible, CFSR Safety 1 and 2; Safety Data Indicator). Specific strategies:
    a. Refine the Child Protective Investigations (CPI) daily debriefing protocol.
    b. Expand Alternative Response, to better target intervention and engagement on front end, while increasing support for screening.
    c. Enhance services to families by increasing caseworker knowledge of Refusal to Assume Parental Responsibility (RAPR) cases and how to safely keep these families intact.
    d. Improve Data through IMPACT enhancements, to distinguish Maltreatment in Care from delayed outcries of abuse and neglect to report Texas performance more accurately.

2. **Strengthen Permanency. When a child cannot be in their home, pivot to safe kinship options whenever possible. Strengthen and support kinship caregivers to preserve kinship connections for the child and their family.** (The continuity of family relationships and connections is preserved for children. CFSR Permanency 2; Permanency – 24+ Months Data Indicator; Case Review and Foster/Adoptive Home Licensing, Recruitment and Retention Systemic Factors). Specific strategies:
    a. Present permanency-focused training for staff to understand the importance of moving children through permanency in a safe and timely manner.
    b. Partner with the Children's Commission to improve engagement with caregivers by enhancing legal notification for hearings.
    c. Partner with the Children's Commission to improve the timely and appropriate selection of permanency goals and improve the timeliness for achieving permanency goals.
    d. Increase the use of the Family Inquiry Network/Database Research System (FINDRS) to increase the use of relative placements to enhance child safety and placement stability and increase family engagement and the use of relative placements.
    e. Increase support for Kinship caregivers, aim to increase Kin placements and Kin positive permanency exits.
    f. Provide a training on engaging with families that builds on feedback from the Parent Collaboration Group data from the 2025 Family Reunification Conference and/or virtual meeting, and reinforces the Practice Model.
    g. Strengthen Pathways to Permanency (P2P) to better address unique needs of children without placement.
3. **Improve Placement Capacity. Transform the foster care continuum for out of home care to Texas Child Centered Care (T3C) and stabilize capacity for youth with highest needs.** (Children have permanency and stability in their living situations. CFSR Permanency 1; Placement Stability Data Indicator). Specific strategy:
    a. Implement T3C.
4. **Improve Well-Being and Engagement. Strengthen Community and Families to best support their children and their families through improved engagement and collaboration to enhance services.** (Families have enhanced capacity to provide for their children's needs and children receive appropriate services to meet their educational, physical, and mental health needs. CFSR Well-Being 1 – 3; Services Array and Resource Development Systemic Factor) Specific strategies:
    a. Implement the use of a single CANS 3.0 assessment tool
    b. Implement Engagement trainings.
    c. Strengthen the assessment process to better identify service needs and improve medical and behavioral health outcomes for children.
    d. Strengthen policy to better address Medical and Behavioral Health needs to children receiving In-Home Services.
    e. Implement a Texas Health Steps campaign.
    f. Obtain immediate STAR Health service coordination for children in a Child Without Placement status.
    g. Focus on improving independent living skills for older youth being served.
    h. Focus on statewide consistency of educational services for children being served.

Description of Stakeholder Involvement in PIP Process

DFPS began discussing possible intervention efforts in Spring 2024. With transparency in the stakeholder meetings and the state led case review process, the agency was able to estimate areas that would be identified as a strength or area needing improvement. Discussions with key stakeholders about contributing factors and elements likely needing inclusion in a PIP were held. Meetings included child welfare leadership meetings (Legacy

and SSCC), discussions in Children's Commission meetings, participation in advisory committee activities, and meetings with stakeholders. A series of seven parent focus groups across the state and a meeting with representatives from regional and state youth leadership councils were held to discuss preliminary findings and give input to the PIP.

A presentation of the federal Final Report and findings was held on November 5, 2024. The presentation included findings from the onsite review, to include strengths the agency has in place to build on and areas to focus on, using continuous quality improvement principles.

The agency invited more than 200 internal and external stakeholders to participate in the presentation by the Children's Bureau review team staff. Following the federal presentation, the state and federal partners held four stakeholder meetings (November 5 and 6, 2024) to share preliminary causal themes and solicit additional thoughts considering the conclusions presented. Over 200 stakeholders attended the meetings virtually, while a core group of federal and state partners went over the Final Report and led breakout meetings by outcome. Stakeholders represented the child welfare areas of staff and leadership (Legacy and SSCC), voices of lived experiences, legal system stakeholders, and represented areas of child safety, child placement, permanency, and well-being.

DFPS continued to share findings and solicit input following the November initial meetings, including the PIP input focus group with youth from across the state, the DFPS Partners for Children and Families Committee, and the DFPS Council.

DFPS formed a core committee to help guide the PIP process, for the purposes of leading, collecting and assembling efforts. All participants who provided input to analysis of contributing factors and planning for PIP strategies are listed in the Appendix. The core PIP team consists of the following individuals:

Name	Role	Affiliation
Dr. Brock Boudreau	Deputy Associate Commissioner	CPS
Liz Kromrei	Director of Services	CPS
Julie Shores	Division Administrator	CPS
Jamie Bernstein	Executive Director	Children's Commission/Court Improvement Project
Tracy Becerra	Program Specialist VI	CPS
Jeff Mastick	Program Specialist V	CPS

Section II: Goals, Strategies/Interventions, and Key Activities

Program Improvement Plan Area of Focus #1: Safety: Evolution of Child Protection

Area of Focus #1 includes Safety Data Indicator – Maltreatment in Foster Care, Safety Outcome 1, and Safety Outcome 2. As described in the federal Final Report:

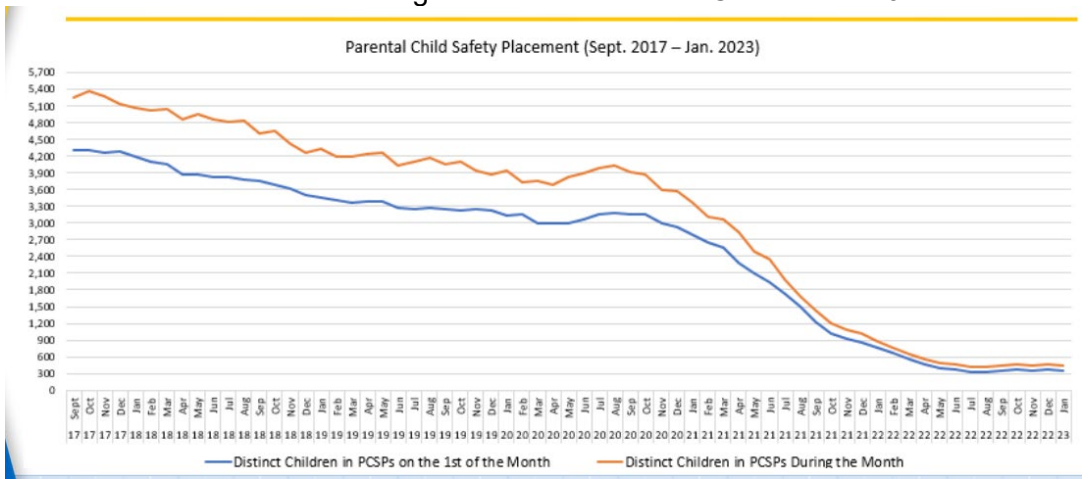
- The state's performance on the "maltreatment in foster care" data indicator was statistically worse than national performance.
- The state's performance on the "recurrence of maltreatment" data indicator was statistically better than national performance.
- Less than 95% of the cases were rated as a Strength on Item 1

- Less than 90% of the cases rated as Strength on Items 2 and 3.

In the Statewide Assessment, submitted in February 2024, Texas reflected improvements in Safety. Since CFSR Round 3, the agency updated policy and practice around safety planning. Safety planning is used when the agency has assessed that the children can safely be maintained in their own home when possible and appropriate (Source: CPS Handbook, 3210 Safety Plan). Safety plans are only implemented in the following ways:

- The child and the parent or legal guardian remain together, and contact is supervised.
- The child and the parent or legal guardian reside together but away from the danger.
- A family-initiated Parental Child Safety Placement (PCSP) is implemented (the child and the parent or legal guardian do not reside together and contact between them is supervised).

This change prompted a decrease in the number of PCSPs. In fiscal year 2021, 6,192 PCSPs were initiated. In fiscal year 2022, 1,481 PCSPs were initiated. The chart below shows the significant decrease in PCSPs since 2017. Tasks unique to PCSPs will not be included separately in this PIP.



Timely Response

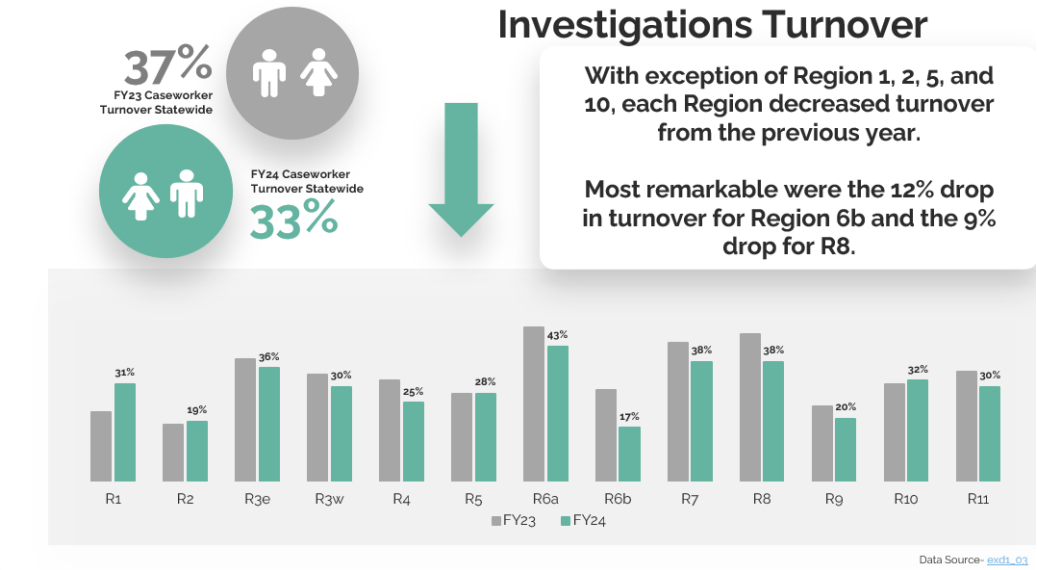
Below shows the agency improvement of timeliness of response to screened reports of abuse or neglect. Since CFSR Round 3, the agency has continued to improve response time to screened reports of abuse or neglect. Texas demonstrated significant improvement in timely contact with children to ensure their safety.

Priority Response Time by Fiscal Year:

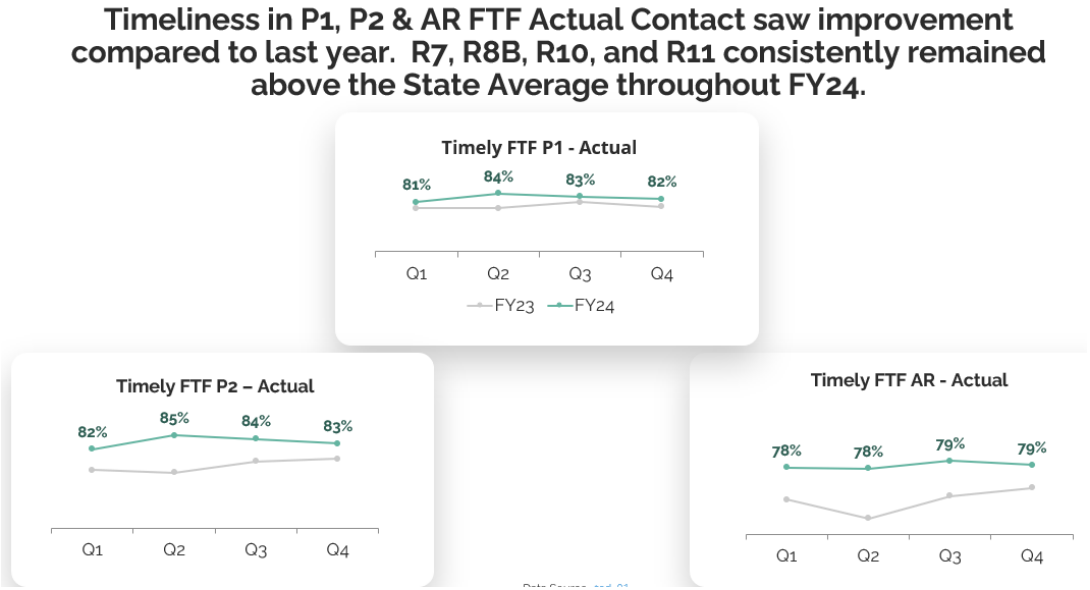
	Priority One	% Timely	Priority Two	% Timely	Total Completed Investigations	% Timely
CFSR Round 3						
FY 2014	41,230	93.8%	126,933	87.1%	168,163	88.7%
FY 2015	45,033	93.2%	131,834	86.9%	176,867	88.5%
CFSR Round 4						
FY 2021	41,678	95.9%	115,840	94.2%	157,519	94.6%
FY 2022	41,659	93.2%	124,527	90.4%	166,186	91.1%

Source: DFPS Data Book Child Protective Investigations (CPI) Completed Investigations: Priority and Response Time (texas.gov)

Periods of high employee turnover in Child Protective Investigations (CPI) can be a barrier to timely initiations and face-to-face contacts with Priority 1 and 2 intakes. In the years following the COVID pandemic, Texas experienced above average turnover in Investigations. To address turnover, the agency focused on recruitment and retention efforts. These focused efforts have begun to show a reduction in turnover, as illustrated below.



The pilot to expand Alternative Response to more families in 2024 resulted in improved timeliness of contacts for both Priority 1 and Priority 2 intakes.



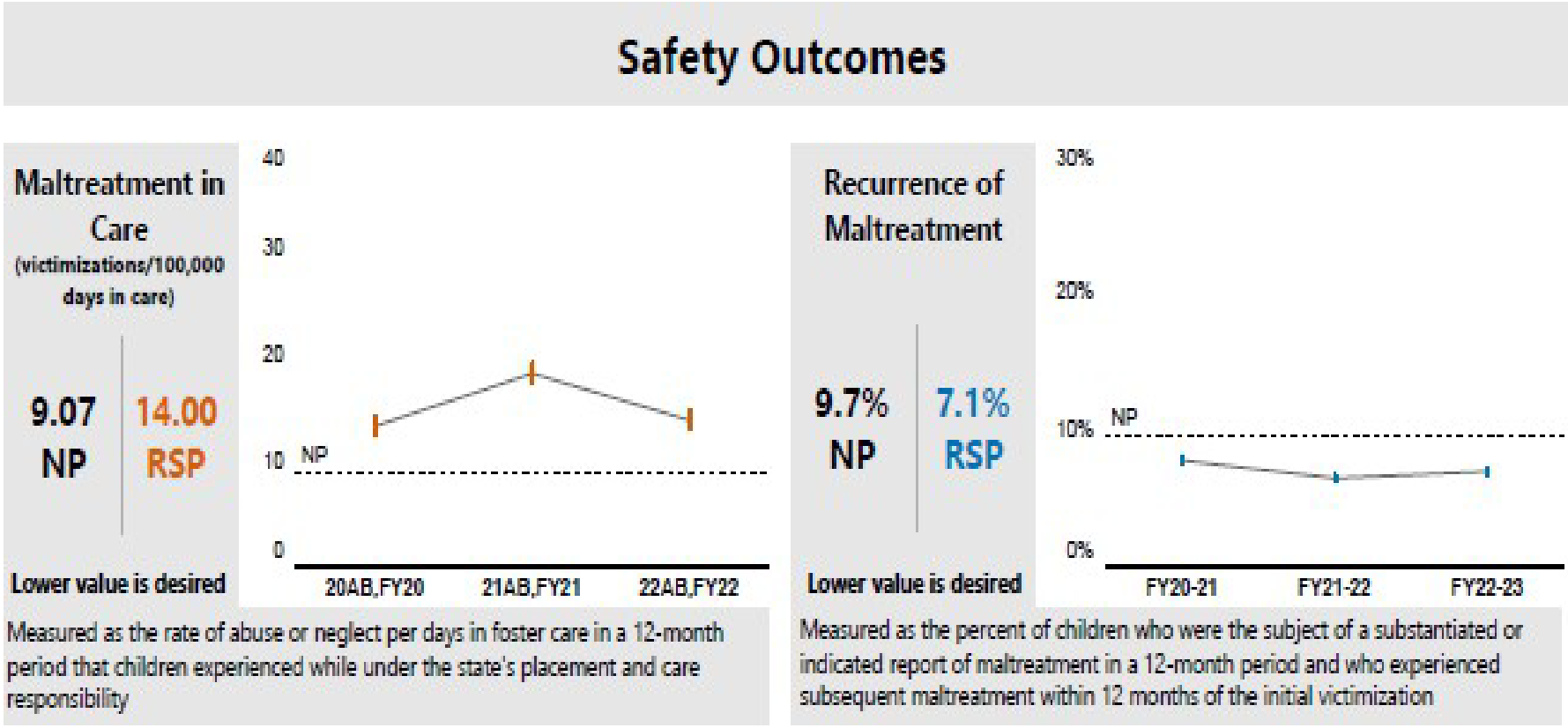
Case Review Data

During ongoing CPS case reviews, using the federal CFSR case review instrument, Texas evaluates performance on several Safety items that impact positive Safety outcomes for children. Below are the results of the case reviews for the last four quarters. This case review consists of 240 foster care cases (60 cases per quarter) from a random statewide sample. The sample includes cases managed by legacy and SSCC staff.

Outcome/Item/Data Indicator	CFSR Standard	Q1-24	Q2-24	Q3-24 Federal Review	Q4-24
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	95%	75.00%	84.91%	74.58%	89.09%
Safety 1: Children are, first and foremost, protected from abuse and neglect.	**95%**	**75.00%**	**84.91%**	**74.58%**	**89.09%**
Item 2: Services to Family to Protect Child(ren) in Home and Prevent Removal or Re-Entry into Foster Care	90%	53.57%	74.58%	72.41%	64.81%
Item 3: Risk and Safety Assessment and Management	90%	65.0%	76.0%	76.0%	77.0%
Safety 2: Children are safely maintained in their homes whenever possible and appropriate.	**95%**	**56.0%**	**73.0%**	**72.0%**	**72.0%**

During CFSR Round 3, Texas completed statewide implementation of Alternative Response, as initially designed in the pilot. This practice strengthens initial and ongoing safety assessments and service needs when the agency responds to reports of abuse and neglect. The agency performed well ensuring timely contacts and reduced recidivism for these cases.

The Data Profile indicators used to inform this area of focus are the two Safety Data Indicators: Maltreatment in Care and Recurrence of Maltreatment. Texas performs better than the national average in Recurrence of Maltreatment, but below the national average for Maltreatment in Care. The most recent Data Profile (August 2024) indicates performance on these two areas below:



Data Profile Indicator: Maltreatment in Foster Care

The Data Profile shows Texas is above the Risk Standardized Performance for Maltreatment in Care. A subgroup studied the data to determine root cause analysis. In the February 2025 data profile, there was a spike for data in federal fiscal year 2021. Stakeholders reflected a substantive effort to complete documentation for closed investigations contributed to the spike. The documentation cleanup effort was started and completed during fiscal

year 2021 and are illustrated in the table below. The indicator trend lines reflect this impact within multiple Data Profiles. The performance moved closer to the national performance indicator fiscal year 2022.

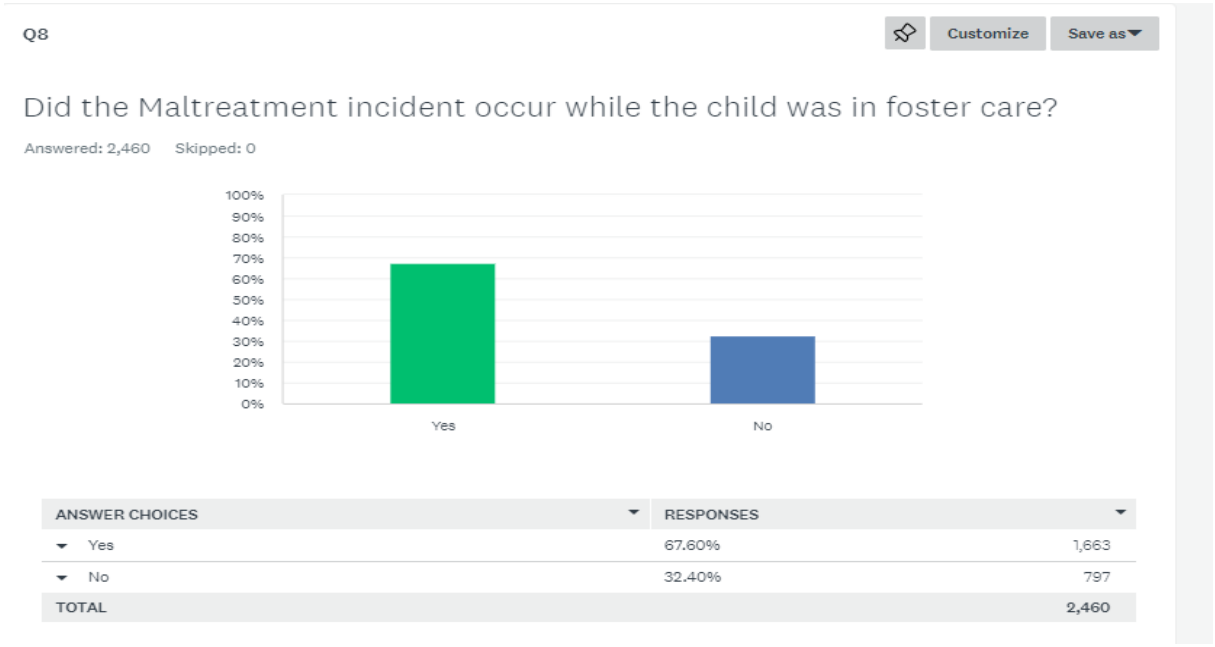
Completed LIC Child Abuse/Neglect Investigations with Dispositions of Reason to Believe, Ruled Out or Unable to Determine (State Totals)	
FY2020	4288
FY2021	**5357**
FY2022	4251
FY2023	4386

A “deeper dive” analysis of the Maltreatment in Care cases was initiated upon receipt of the August 2023 data. The Designated Perpetrators in these cases revealed a substantive percentage with the role of a family member. In these instances, substantiated abuse would have occurred during a child’s placement in a kinship home, during unsupervised visits or during trial home visits prior to reunification. Believing performance data to be inaccurate, a case review of all substantiated investigations (N=2460) with the following role as the designated perpetrator was conducted in October 2023, prior to submitting the Statewide Assessment. Although this was conducted prior to the On-Site Review for Round 4, the analysis was reviewed and confirmed after the federal Final Report was received.

Roles in cases reviewed included the following:

- Parent
- Maternal grandparent
- Paternal grandparent
- Parents Paramour
- Stepparent
- Aunt/Uncle
- Friend
- Fictive Kin
- Unrelated Home Member

Using data and narrative information within the investigations completed and reported as maltreatment in care, the review analyzed whether the maltreatment incident actually occurred while the child was in foster care.



Thus, delayed outcries of youth in care were determined to be mixed in with actual incidents of maltreatment in care. In discussions with the Children's Bureau, Texas understood delayed outcries could be distinguished from the appropriate cases and removed from inclusion in the Maltreatment in Care count only by use of a data field reflecting a date of incident. DFPS is creating that data field to separate out the cases and expects completion by Spring 2025. It is believed this technology change will resolve Texas exceeding the Risk Standardized Performance level for this Safety data indicator.

Safety Outcome 1

Safety Outcome 1 was discussed with an investigation stakeholder group. Analysis of the delay in timeliness resulted in the following observations as to the root causes:

- Priority 1 Investigations had more timely investigation initiation than Priority 2 Investigations.
- There is regional variation.
- For some Residential Child Care Licensing cases, additional alleged victims are identified after the intake has been progressed to investigations and the initiation due date has passed. Sequential identification of alleged victims in a single investigation makes it virtually impossible for DFPS to meet timely initiation requirements that are calculated from the start of the intake.
- Statewide aggregate data regarding timely initiation of investigations per DFPS policy was reflected at 89.6% compliance.
- Emphasis of the need to improve Priority 2 investigation initiations resulted in some improvement, as shown in statewide data.

Program Area	Metric Description	FY 2023	FY 2024	FY TD 2025
Investigations (CPI)	P1 Investigations Initiated Timely (%)	91.3	92.7	92.5
Investigations (CPI)	P2 Investigations Initiated Timely (%)	88.8	92.3	92.8

Investigations								
Measure Description	Current Month	Qtr 2 2024	Qtr 3 2024	Qtr 4 2024	Qtr 1 2025	FY 2023	FY 2024	FY 2025
P1 Investigations Initiated Timely (attempted or completed contact) (%)	93%	94%	93%	92%	93%	91%	93%	93%
P2 Investigations Initiated Timely (attempted or completed contact) (%)	93%	93%	93%	92%	93%	89%	93%	93%

CPI leadership believes strengthening a practice of daily briefings (also referred to as “staffings” or “huddles”) will assist with improving investigation initiation timeliness. The daily briefings began in Region 3 in 2016 and became mandatory for all regions in October 2023. Information about the daily briefings has historically been disseminated through the chain of command. However, there was no template or specific format in place for the briefings, yielding general improvement but inconsistency. It is not possible to determine how often the briefings were occurring or their effectiveness. Incorporating more formal structure into policy and utilizing a uniform, basic outline will strengthen the practice. Initially this was intended for Alternative Response cases, to ensure effective and timely contact. However, once the impact was considered for other cases (especially Priority 2 investigations), it was determined it should not be limited to just Alternative Response cases.

In May 2025, further analysis showed the measures above were not measuring the timeliness initiation as precisely as required through the federal process. For example, Alternative Response cases were not incorporated into the tables and the measure did not include all children subject to investigation or Alternative Response. Statewide aggregate data continues to be analyzed.

Safety Outcome 2

Services to families to protect children while simultaneously preventing removal or re-entry into foster care will be significantly improved with Alternative Response (AR) expansion, as determined by investigation stakeholders, both internal and external. Parent focus groups indicated they believe the key is “engagement” of families and completing adequate searches for kinship caregivers in the beginning of the investigation. Parents also indicated engagement skills could be strengthened for Family-Based Safety Services (FBSS or In-Homes) staff. Bringing resources or assistance to the first opportunity when meeting the family was suggested by those with lived experiences to improve engagement.

The goal for Alternative Response expansion is to increase the number of families served and reduce the number of families who go through a traditional investigation unnecessarily. Alternative Response expansion improves engagement with families — specifically for those with younger children in the home — because the expansion and policy updates for the Region 10 pilot allow for DFPS to provide Alternative Response to families that have children in the home under the age of 6. (Note, Texas Administrative Code changes must occur prior to statewide policy and protocol

changes beyond the pilot.) Throughout the pilot, the Quality Assurance process yielded high percentages in engagement: including verbal children in family assessments (typically ages 3 and older), having meaningful conversations with children and families during face-to-face contacts, and utilizing engagement tools when working with families. Percentages have been in the 70-90%, with improvement observed over time.

Analysis on AR cases reviewed in the CFSR sample show that while AR cases often start strong, as they remain open visits with all family members each month decrease. This leads to an overall lack of risk and safety assessment, assessment of needs and provision of services to children and parents, family engagement in case planning, as well as negatively affecting ratings for monthly, quality visits with children and parents.

Outcome/Item/Data Indicator	CFSR Standard	AR Cases Q1-24	AR Cases Q2-24	AR Cases Q3-24	AR Cases Q4-24
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	95%	71.43%	80.00%	77.78%	90.91%
Safety 1: Children are, first and foremost, protected from abuse and neglect.	95%	71.43%	80.00%	77.78%	90.91%
Item 2: Services to Family to Protect Child(ren) in Home and Prevent Removal or Re-Entry Into Foster Care	90%	42.86%	30.00%	14.29%	27.27%
Item 3: Risk and Safety Assessment and Management	90%	22.2%	25.0%	40.0%	25.0%
Safety 2: Children are safely maintained in their homes whenever possible and appropriate.	95%	22.2%	16.7%	30.0%	25.0%
Item 12A: Needs Assessment and Services to Children	90%	50.0%	50.0%	60.0%	50.0%
Item 12B: Needs Assessment and Services to Parents	90%	11.11%	16.67%	40.00%	33.33%
Item 12: Needs and services of Child, Parents, Foster Parents	90%	11.1%	16.7%	40.0%	33.3%
Item 13: Child and Family Involvement in Case Planning	90%	22.22%	16.67%	40.00%	50.00%
Item 14: Worker Visits with Child	90%	33.3%	33.3%	50.0%	50.0%
Item 15: Worker Visits with Parents	90%	22.2%	16.7%	30.0%	41.7%
Well-Being 1: Families have enhanced capacity to provide for their children's needs.	95%	11.1%	16.7%	16.7%	33.3%
Item 16: Educational Needs of the Child	95%	0.00%	0.00%	0.00%	0.00%
Well-Being 2: Children receive appropriate services to meet their educational needs.	95%	0.00%	0.00%	0.00%	0.00%
Item 17: Physical Health of the Child	90%	75.00%	85.71%	100.00%	71.43%
Item 18: Mental/Behavioral Health of the Child	90%	53.85%	22.22%	71.43%	40.00%
Well-Being 3: Children receive adequate services to meet their physical and mental health needs.	95%	56.25%	36.36%	75.00%	45.45%

Since the onset of the Alternative Response pilot Quality Assurance review in June 2024, approximately 50% of cases have gone through the Alternative Response pilot pathway that would otherwise have been a traditional investigation, due primarily to the pilot-specific policy allowing Alternative Response for families with children under 6 years of age. Stakeholders indicated that prior to the pilot, approximately 20% of Priority 2 cases were worked as Alternative Response.

Now that the Region 10 Alternative Response pilot has concluded analysis of the data shows:

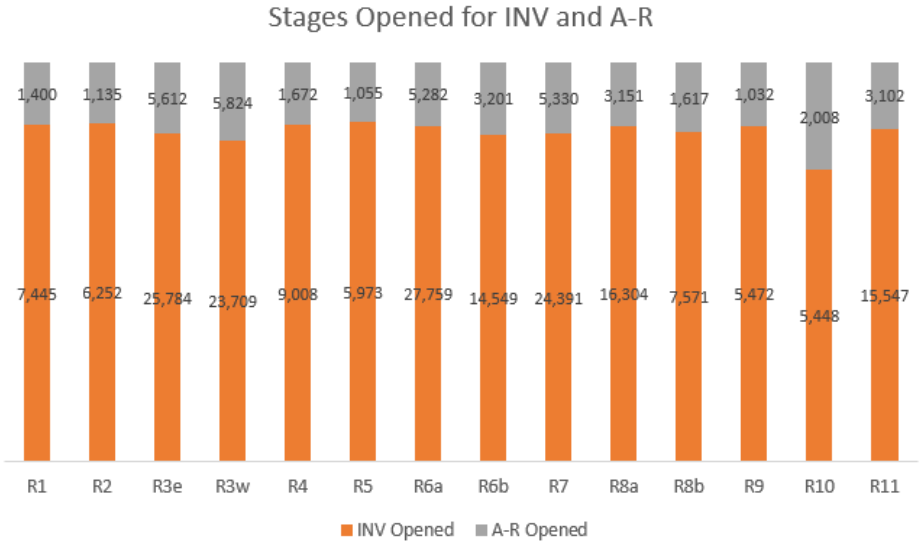
- The percentage of families served in Alternative Response doubled during the pilot period when compared to the previous years, which was primarily accounted for by the inclusion of the Alternative Response pilot group.
- There was a 72% increase in families starting in Alternative Response and a 31% decrease in families starting in a traditional investigation between 2023 and 2024.

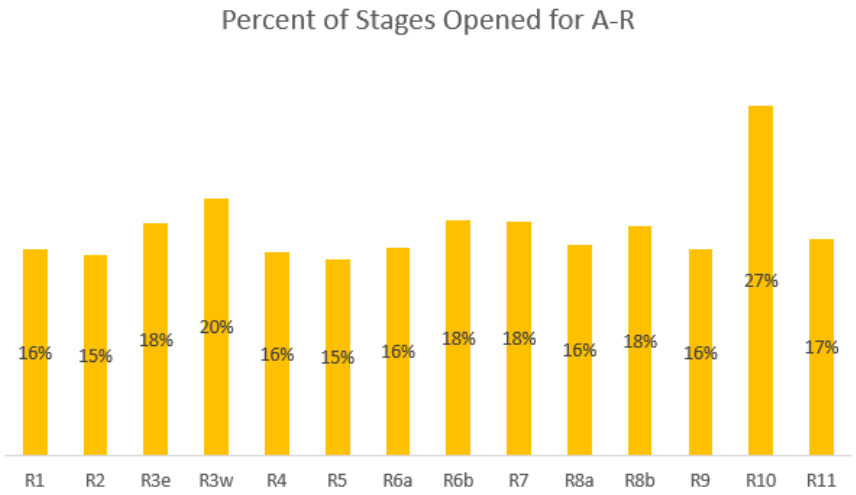
These early findings support that Alternative Response is an innovative way to keep children safe in their own homes, prevent removals and assess risk and safety to children while offering services to the families to prevent the need for further agency intervention. Further long-term analysis of data is needed to continue to measure safety outcomes. DFPS will initiate a new pilot in Regions 4 and 5. Region 5 is set to go live 05/01/2025 and Region 4 will go live in July 2025.

Generally, cases are eligible for Alternative Response if the allegations meet the criteria for abuse or neglect but do not require an immediate response to protect the child. The Statewide Intake (SWI) screeners decide which stage of service the report goes to — Alternative Response or traditional investigations — by following a pathway assignment tool and policy guidelines. If the Alternative Response caseworker and supervisor determine the case is not appropriate for Alternative Response, the case will be worked as a traditional investigation. A low number of approximately 16% of cases reviewed in the Alternative Response pilot were converted to traditional investigations after being progressed to the Alternative Response pathway, with the primary reasons being new allegations were added that no longer made the case eligible for Alternative Response or after completing the initial family assessment, it was determined the family needed FBSS intervention.

During FY 2024, DFPS piloted Alternative Response expansion in Region 10 (El Paso) to ensure the changes met the anticipated outcomes while ensuring child safety. The pilot evaluation informed DFPS’s decision to expand this effort across the state and include it in the PIP.

The rate of stages opened for A-R in Region 10 was the highest of all regions--primarily due to the impact of the A-R Expansion Pilot implementation. Phase I of the pilot began on 2/12/24 and ended in August. Phase II began in October.





Strengthening the emphasis on the first placement being with kinship, wherever possible, will take a practice shift. DFPS has a plan to increase the number of children placed with kinship as a first placement after removal allowing the child to stay connected with their natural support system. Stakeholders indicate training across programs, including investigations, will help to educate front line caseworkers and their leadership on the benefits of kinship placements, the kinship supports available, and how policy and law support kinship placements immediately after removal. DFPS collected data surrounding kinship placements as a first placement and worked with regional leadership to discuss what is working well and develop solutions that address barriers faced by front line staff responsible for locating and placing with kinship at first placement. The plan includes discussing kinship

placement options during family team meetings, increasing the use of family team meetings, increasing diligent search efforts to locate kinship placements, and tracking data surrounding kinship as the first placement to identify strengths and solutions to barriers.

Expanding FINDRS to a point earlier in the process (in the investigation) was identified as a strategy to help locate and engage families more quickly. FINDRS is short for Family Inquiry Network/Database Research System and builds on the partnership with Texas CASA's Collaborative Family Engagement program. Using multiple online resources, investigators can perform simple or complex database searches for staff. This service is crucial for implementing optimal placement solutions and ensuring continuous support for youth and adults during their time in care. Further components of Kinship Support are addressed in Area of Focus #2 (Engagement) below.

Some children and youth are entering care (with an investigation allegation of Refusal to Assume Parental Responsibility) simply because the family has exhausted efforts to obtain critical behavioral health resources. DFPS engaged with Health and Human Services Commission (HHSC) partners to help families access the array of behavioral health resources available to that population. Supportive programs include the Medicaid funded Youth Empowerment Services Waiver (YES Waiver) program, which uses a wraparound approach to help Medicaid eligible children in Texas experiencing serious emotional and behavioral health challenges, and the Residential Treatment Center (RTC) project, a partnership to provide children with intensive mental health care in an RTC setting while their guardian retains legal responsibility for their child. Strategies related to this area are addressed in Area of Focus #4 (Services) below.

The number of children whose removal was completed after a voluntary relinquishment solely to obtain Mental Health Services has reduced, although youth remain in care who were voluntarily relinquished earlier. These cases have an allegation of Refusal to Assume Parental Responsibility, or RAPR. Stakeholders attribute this to changes in the statutory definition of neglect and strengthened education regarding the investigation process for psychiatric hospital stakeholders. Stakeholders urged further expansion of this effort. Texas is addressing this by providing training regarding alternatives to removals due to RAPR, to help staff offer families and community stakeholders more options to meet their children's needs without relinquishing to DFPS.

Fiscal Year	Number of children voluntarily relinquished; State total
FY2020	60
FY2021	54
FT2022	6
FY2023	10

Utilizing the Statewide Assessment, federal Final Report, data analysis and discussions with contributing stakeholders, the Area of Focus #1 (Safety: The Evolution of Child Protection) will focus on the following key actions:

- Separate out delayed outcries from being inappropriately counted in Maltreatment in Care statistics through IT changes resulting in more accurate data reporting.
- Strengthen the Daily Briefing tools for ensuring initial contacts in investigations.

- Conduct a refresher training on engagement for staff working with FBSS cases.
- Further expand Alternative Response across Texas
- Incorporate use of FINDRS resources earlier in the case (investigation), to provide Kinship location and support.
- Train external stakeholders on responses to circumstances with Refusal to Assume Parental Responsibility (RAPR) allegations when parents have exhausted behavioral health services.

Training is an important component when working with large numbers of staff to reinforce the importance of family engagement. Training equips our workforce with the skills and knowledge needed to perform their roles with families effectively and confidently. Tailored training helps ensure our staff receive relevant and actionable guidance in working with children and families.

*Goal, Strategy, and Key Activity Identification

State/Territory: Texas

Date: February 3, 2025

Safety Goal 1: CPI will improve timeliness of initiating investigation of reports of child maltreatment in efforts to improve child safety. (Safety Outcome 1, Item 1)
Strategy 1.1: CPI will design and implement a consistent daily briefing protocol between the supervisor and caseworker. This will help the caseworker formulate a plan to see the child(ren) listed on the report in a timely manner, to improve child safety.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
1.1.1 Develop a mandatory briefing protocol for use between supervisors and caseworkers daily to address plans for timely case intake initiation and contact in both traditional investigations and Alternative Response cases.	CPI	PIP Q1
1.1.2 Disseminate policy memo to all staff regarding briefing protocol.	CPI	PIP Q2
1.1.3 Develop and present a webinar for staff to learn about the importance of and the required elements of the daily briefing protocol.	CPI	PIP Q2
1.1.4 Review the results of using the daily briefing protocol and see if data on timeliness to initiate a report of abuse/neglect and make face-to-face contact with the child(ren) listed in the report improve. CPI will adjust the protocol and/or target following training, as needed, after reviewing the data	CPI	PIP Q3

Safety Goal 2: CPI and CPS will focus on beginning with the end in mind, by emphasizing the importance of family engagement and connections with CPI caseworkers. (Safety Outcome 2, Items 2 and 3)
Safety Strategy 2.1: CPI will prepare for an increase to the number of families to Alternative Response through changing policy and practice to eligibility requirements.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible:	Expected Completion Date:
2.1.1 Transfer 32 CPI positions to Statewide Intake, to ensure Alternative Response screening for all eligible intakes.	CPI	PIP Q1
2.1.2 Determine regional schedule for continued expansion of Alternative Response.	CPI	PIP Q1
2.1.3 Host Community Town Hall meeting prior to Alternative Response expansion, including school districts, medical community, legal community, service providers and criminal justice community stakeholders.	CPI	PIP Q2
Safety Strategy 2.2 CPI will prepare staff for the increase to in Alternative Response cases.		
2.2.1 Cross train all staff to be able to work Alternative Response cases.	CPI	PIP Q2
2.2.2 Follow the schedule and protocol for statewide implementation of AR expansion based on the new eligibility criteria.	CPI	PIP Q2
2.2.3 Implement IMPACT changes to allow for expanded eligibility criteria for Alternative Response.	CPI	PIP Q4
2.2.4 Implement new rules to allow for expanded eligibility criteria for Alternative Response cases based on pilot data.	CPI	PIP Q4
2.2.5 Develop updated community-based resource guides for staff to utilize and refer families for services.	CPI	PIP Q4
2.2.6 Monitor results of AR expansion through creation and use of new data warehouse reports on re-referrals after an AR case is closed.	CPI	PIP Q4
2.2.7 Monitor results of the AR expansion through quality assurance case readings focused on baseline reads and post-implementation reads. Share results with CPI.	CPS	PIP Q5

Key Activity:	Entity Responsible:	Expected Completion Date:
2.1.1 Transfer 32 CPI positions to Statewide Intake, to ensure Alternative Response screening for all eligible intakes.	CPI	PIP Q1
Safety Strategy 2.3 CPI will enhance services to families by increasing caseworker knowledge of Refusal to Assume Parental Responsibility (RAPR) cases and how to safely keep these families intact.		
2.3.1 Finalize training curriculum on diversion from removal for investigations with allegations of RAPR.	CPI	PIP Q1
2.3.2 Develop Training Implementation Communication Plan.	CPI	PIP Q1
2.3.3 Provide written resources for working with families with RAPR allegations in training and on the Safety Net mental health page.	CPI	PIP Q2
2.3.4 Record and upload the training to the internal Safety Net for future caseworkers.	CPI	PIP Q2
2.3.5 CPI Mental Health Specialists will monitor data to look for increases in the amount of RAPR investigations and removals due to RAPR.	CPI	PIP Q3
2.3.6 CPI Mental Health Specialists will monitor data to track how often they are invited to staffings regarding investigations with an allegation of RAPR.	CPI	PIP Q3
2.3.7 CPI Mental Health Specialists will respond to data trends by offering a repeat of the RAPR training in areas where data shows the need.	CPI	PIP Q4

Safety Goal 3: CPI will improve accuracy of data for Maltreatment in Foster Care. (Maltreatment in Foster Care)
Safety Strategy 3.1: CPI will work with Data and Information Technology to improve the accuracy of the Maltreatment in Foster Care data profile by separating delayed outcries by children in care from all other maltreatment in Foster Care data.
Implementation Site(s): Statewide

Safety Goal 3: CPI will improve accuracy of data for Maltreatment in Foster Care. (Maltreatment in Foster Care)		
Key Activity:	**Entity Responsible**	**Expected Completion Date:**
3.1.1 Assemble project team to work on improving the accuracy of data regarding Maltreatment in Foster Care.	CPS IT Liaison	PIP Q1
3.1.2 Develop plans to modify IMPACT by adding a date field to the Allegation Detail Page to indicate if maltreatment occurred prior to the child being in conservatorship and include the ability to capture the date of maltreatment.	CPS IT Liaison	PIP Q1
3.1.3 Develop plans to add or modify the Investigation report, adding new data elements to the database, including the data in the report environment table, and submitting the data to the data warehouse using the Exchange, Transform, and Load.	CPS IT Liaison	PIP Q1
3.1.4 Develop a recorded webinar for training and a communication plan to teach staff the functionality of the new date field designed to indicate delayed outcries for incidents of abuse/neglect that occurred prior to a child's foster care entry.	CPI	PIP Q4
3.1.5 Update policy to instruct staff to enter the new date field of when an allegation occurred.	CPI	PIP Q4
3.1.5 Monitor data through submitting regular data request intake and tracking (DRITs) to see how the Maltreatment in Foster Care measure is performing with the data enhancement.	CPS	PIP Q7

Program Improvement Plan Area of Focus #2: Strengthen Families and Communities

Description of the problem, need, or opportunity

Area of Focus #2 includes Permanency Data Indicators of Permanency in 24+ months and Placement Stability, Case Review Systemic Factor, Permanency Outcome 1 and Permanency Outcome 2. As described in the federal Final Report:

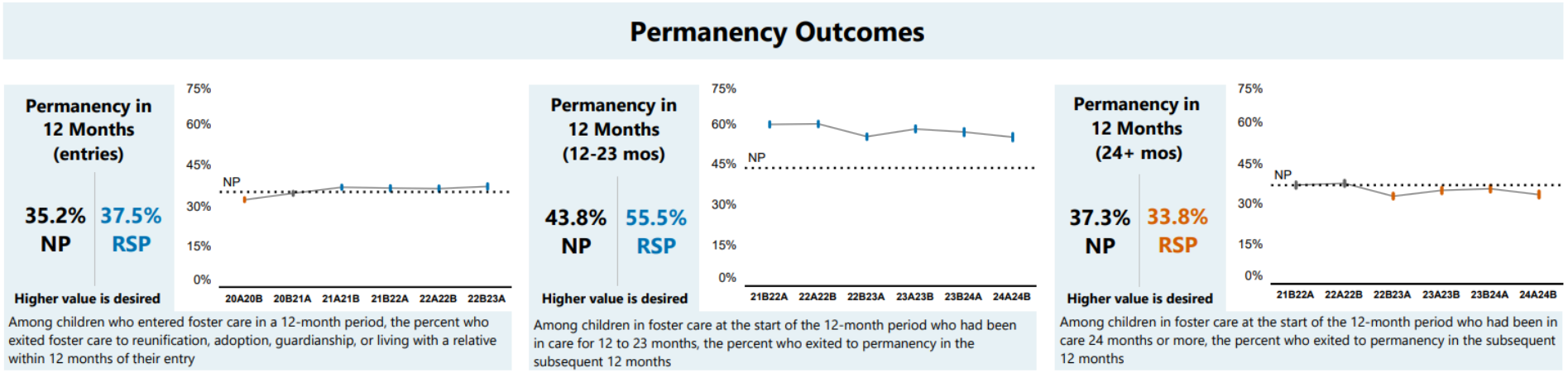
- The state's performance on "permanency in 12 months (entries)" data indicator was statistically better than national performance.
- The state's performance on "permanency in 12 months (12-23 months)" data indicator was statistically better than national performance.
- The state's performance on the "permanency in 12 months (24+ months)" data indicator was statistically worse than national performance.
- The state's performance on "reentry to Foster Care" data indicator was statistically better than national performance.
- The state's performance on the "placement stability" data indicator was statistically worse than national performance.
- Less than 90% of the cases were rated as a Strength on Items 4, 5, 6, 7, 8, 9, 10 and 11.

- The Case Review Systemic Factor was rated as not in substantial conformity in the Final Report.

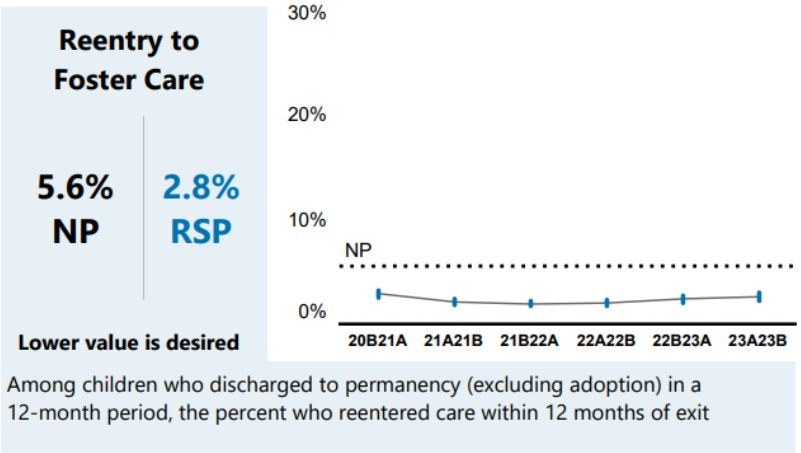
The Statewide Assessment addressed recent substantial changes to the population of children and youth in conservatorship. Legislative and Policy changes resulted in a significant decrease of foster care entries. The legislation prohibited the agency from filing non-emergency removals. After 2021, the agency could only remove for cases involving immediate danger to the child's health or safety. The legislation also changed the Texas Family Code definition of neglect. A person's acts or omissions must now evidence "blatant disregard" that their actions or inactions resulted in harm or immediate danger to the child. Instead of defining neglect as conduct that results in a "substantial risk," the conduct must now constitute "immediate danger" to the child to meet the definition of neglect. Allowing the child to engage in independent activities is added to the list of acts that do not constitute neglect.

In response to the legislative change, the agency updated policy and practice related to the removal of children in the fall of 2021. The following trend data illustrates the total children entering Texas foster care over the last three fiscal years and the reduction of entries into Texas foster care.

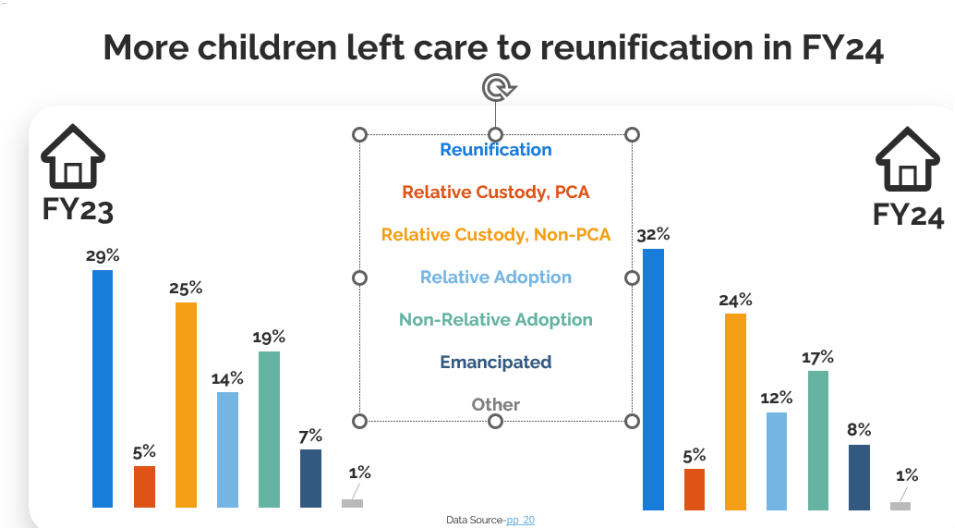
Fiscal Year	Entries to Texas foster care (children)
FY2020	16,522
FY2021	16,028
FY2022	9,623
FY2023	9,965
FY2024	9,220



In the February 2025 Data Profile Texas met or exceeded national performance in the three permanency data indicators of Permanency in 12 months for entries and for 12 – 23 months, and reentry into foster care. When youth achieve positive permanency, this data shows that those placements are stable and permanent.



Analysis of recent fiscal year data finds that more children in Texas exited care to reunification in fiscal year 2024 than in fiscal year 2023. Data shows a 3% improvement in this exit cohort. The rate, however, remains significantly below national levels (48% according to the Children's Bureau).



Case Read Data

During ongoing CPS case reviews, using the federal CFSR case review instrument, Texas evaluated performance on several items that impact positive permanency outcomes for children. Below are the results of the case reviews for the last four quarters. This case review consisted of 240 foster care cases (60 cases per quarter) from a random statewide sample. The sample includes cases managed by agency staff and Community-Based Care providers.

Outcome/Item/Data Indicator	CFSR Standard	Q1-24	Q2-24	Q3-24 Federal Review	Q4-FY24
Item 4: Stability of Foster Care Placement	90%	73.33%	78.33%	71.67%	71.67%
Item 5: Permanency Goal for Child	90%	66.67%	68.33%	61.67%	59.32%
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	90%	51.67%	50.0%	50.0%	38.33%
Permanency 1: Children have permanency and stability in their living situations.	**95%**	**25.0%**	**33.33%**	**25.0%**	**23.33%**
Item 7: Placement with Siblings	90%	85.19%	91.3%	93.75%	93.55%
Item 8: Visiting with Parents and Siblings in Foster Care	90%	75.0%	60.61%	57.89%	70.59%
Item 9: Preserving Connections	90%	76.67%	76.67%	78.33%	65.0%
Item 10: Relative Placement	90%	81.03%	86.67%	85.0%	79.66%
Item 11: Relationship of Child in Care with Parents	90%	85.19%	51.72%	50.0%	64.29%
Permanency 2: The continuity of family relationships and connections is preserved for children.	**95%**	**78.33%**	**75.0%**	**70.0%**	**71.67%**

Although the case reviews during the federal review exceeded the 90% requirement for children placed with siblings, other areas did not achieve the required high threshold. According to the federal Final Report, Texas' lowest-performing outcome in CFSR Round 4 was Permanency Outcome 1, "Children have permanency and stability in their living situations," with 25% of the cases rated as Substantially Achieved. This outcome contains three items that address Stability of Foster Care Placement (Item 4), Permanency Goal for Child (Item 5), and Achieving Reunification, Guardianship,

Adoption, or Another Planned Permanent Living Arrangement (Item 6). 72% of the cases reviewed were found to be a Strength for placement stability. While 93% of the current placements were stable. For children who experienced changes in placement, 30% of those changes were made in furtherance of the child's needs or the case goals.

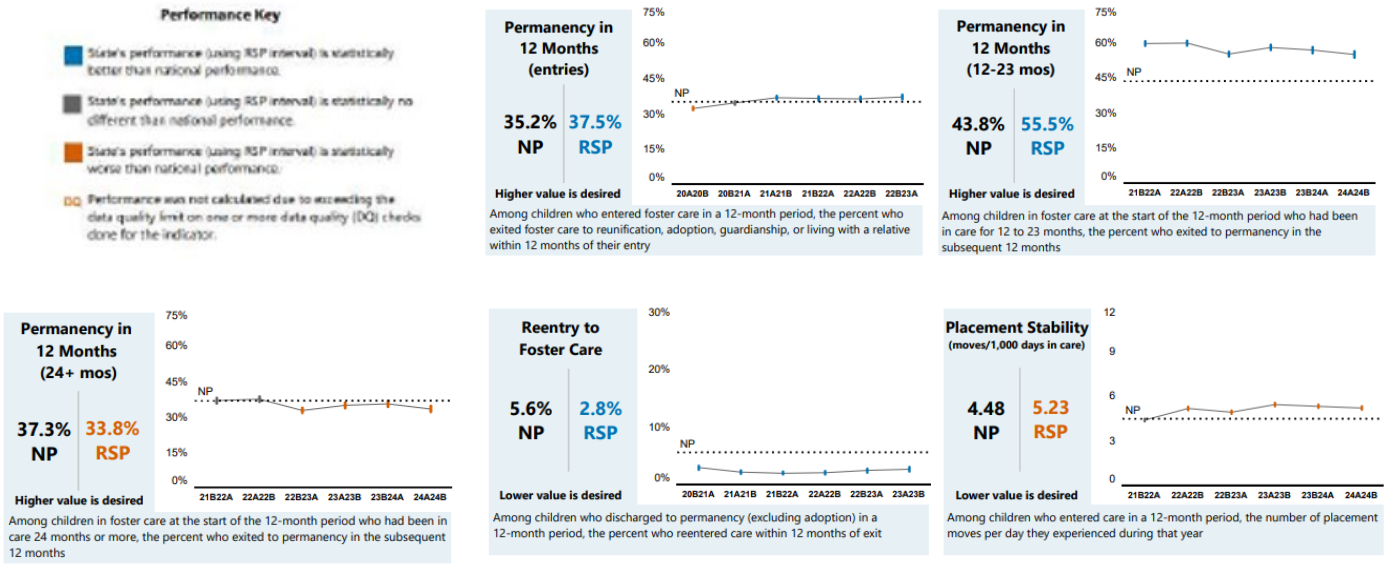
Data Profile Data Indicators for Permanency 1

The Permanency Outcome 1 measures in the Data Profile from February 2025 indicates previous data quality issues have been resolved. The indicators for Permanency 1 include:

- Permanency in 12 months for children entering foster care
- Permanency in 12 months for children in foster care 12 to 23 months
- Permanency in 12 months for children in foster care 24 months or more
- Re-entry to foster care in 12 months

Texas has met or achieved Permanency in 12 months for both entries and 12 to 23 months, as well as foster care reentry. Texas will continue to focus on improving Permanency in 12 months for 24+ months and placement stability.

Figure 4. State's Performance on Permanency Outcome 1 Indicators



The federal Final Report also provided contextual data. ACF acknowledged the substantial decrease in population over the last five years, as mentioned above. The rate at which children enter foster care affects performance on permanency in 12 months for children entering care and thus is included in the analysis that follows. Additionally,

- Texas' foster care entry rate per 1,000 child population is consistently lower than the nation. (The state's data quality concerns do not affect the ability to show changes in entry rates over time.)
- Similar to the nation, infants under one year old have the highest entry rate into care, at 5.9 entries per 1,000 children in the general child population. Although their entry rate has decreased over the last 5 years, it is consistently 5 times higher than the state's overall entry rate of 1.2 per 1,000 children in the general child population. Additionally, infants have the lowest percentage of exits to permanency within 12 months of entry and the highest percentage of exits to adoption.
- Entry rates vary significantly across Texas counties. Although Harris County has the largest child population—more than double that of any other county—the county has a lower rate and fewer entries into care compared to Bexar and Dallas counties. Bexar County consistently has the greatest number of children entering foster care. Bell, Nueces, Lubbock, McLennan, Taylor, Jefferson, and Smith counties are notable because they have relatively small child populations but comparatively large numbers of foster care entries.
- There is also considerable variation in county performance regarding achieving permanency within 12 months of entry. Among the top five counties with the greatest number of children entering care—Bexar, Dallas, Harris, Bell, and Travis—the percentage of exits to permanency within 12 months ranged from a low of 12% in Harris County to a high of 52% in Bell County.
- A lower percentage of children are reunified in Texas than nationally; approximately 41% in Texas and 48% nationally.

Texas has consistently performed statistically better than national performance for permanency in 12 months for children in care 12-23 months, and the state's Risk Standardized Performance (RSP) for permanency in 12 months for children in care 24 months or more tends to be similar to that of the nation. According to federal comments,

- Texas has consistently been among the top four states with the highest percentage (60%) of children in care 12-23 months exiting to permanency in 12 months, which is substantially higher than national performance for the same periods (44%).
- Children in Texas aged one to five years and in care for 12 to 23 months consistently exit to permanency at a substantially higher percentage than such children nationally, with approximately 70% achieving permanency compared to the national level of 49%.
- Similar to the nation, children aged 11 to 16 years and in care one year or more are less likely to exit to permanency in 12 months, with the exception of youth aged 17.
- A substantially larger proportion of children entering foster care in Texas exit to adoption and guardianship compared to the nation. In Texas,19% of children were adopted and 17% were placed in guardianship within three years of entry; after 5 years in care, these figures increased to 26% and 24%, respectively. In contrast, nationally, 13% of children exited to adoption and 9% to guardianship within 3 years of entry, increasing to 22% and 11%, respectively, after five years in care. The percentage of children exiting to guardianship in Texas is more than double the national percentage.
- Among the top five counties with the greatest number of children in care for 12 to 23 months, the percentage achieving permanency in 12 months ranged from 54% in Harris County to 64% in Travis County. For children in care 24 months or more, there was more variation across counties, with Tarrant County achieving permanency at 28%, Harris County at 30%, and Travis County at a high of 53%.

Texas data shows that while fewer children entered in FY22, a higher percentage of them achieved permanency within 2 years compared to FY20 and FY21. This shows Texas is doing a better job on permanency and reunification outcomes. This results in fewer children being added to our 24+ month in care population each year. This following excerpt and graph are from Texas Rider 15 Report for Community-Based Care.

Percent of Children who Exit to Permanency within 2 years

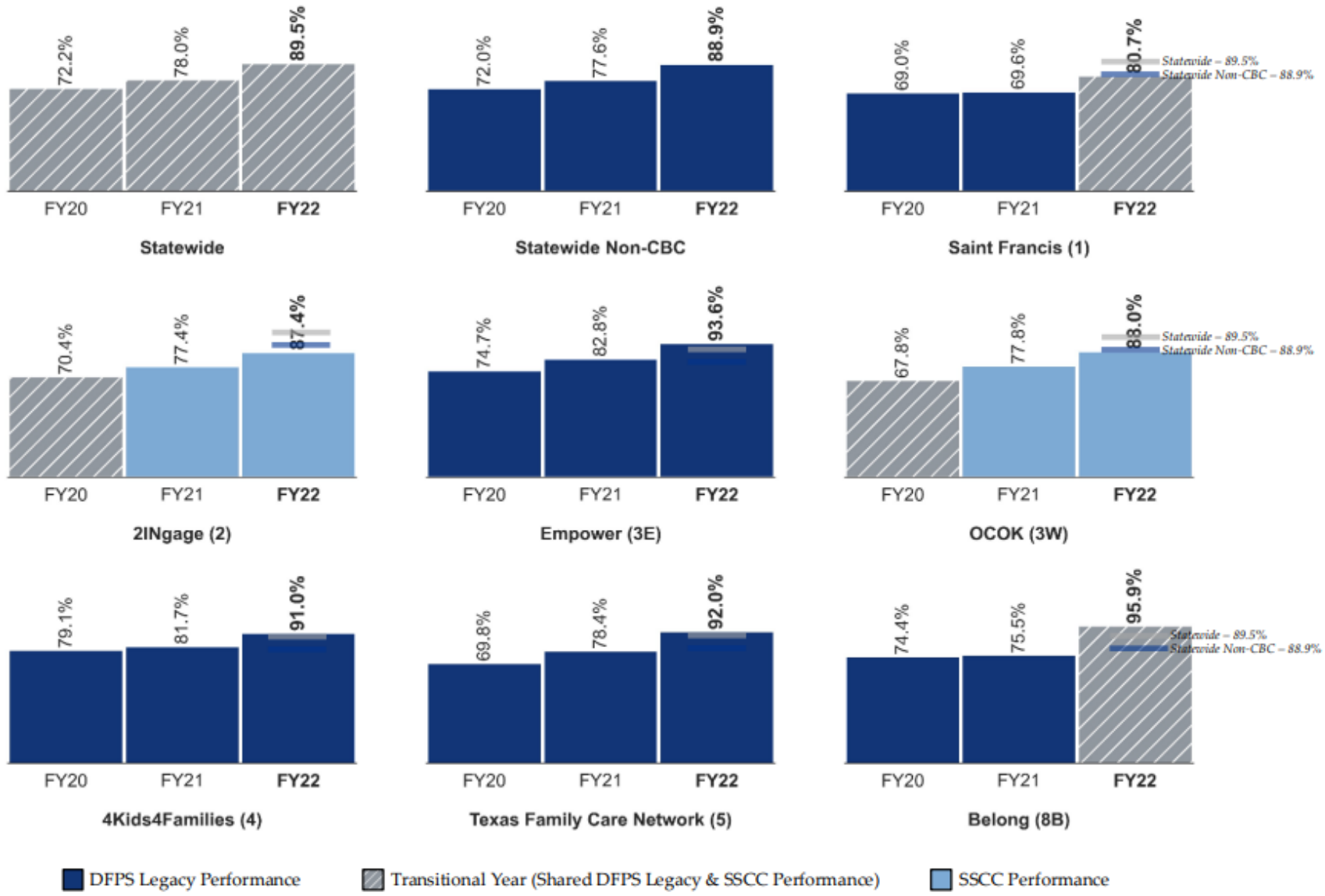
This performance measure is defined as the percentage of children who exit to permanency within 2 years of entering substitute care. As described on page 18, a full 24 months must pass after the last removal day before performance can be reported; thus, the most recent removal cohort with a full 24-month follow-up period is children removed in FY22.

Overall, performance improved for this measure:

- **Statewide:** The percentage of children who Exit to Permanency within 2 years increased by 11.5% in FY22 compared to FY21.
- **Statewide Non-CBC:**[19] The percentage of children who Exit to Permanency within 2 years increased by 11.3% in FY22 compared to FY21.
- **CBC:** All seven SSCC providers show performance improvements in the percentage of children who Exit to Permanency within 2 years in FY22 compared to FY21.

Figure 14

Children Who Exit to Permanency Within 2 Years



[19] Statewide Non-CBC excludes the active CBC Community Areas of 1, 2, 3E, 3W, 4, 5, and 8B.

Texas has consistently performed statistically better or no different than the nation on reentry to foster care.

- Across the three most recent reporting periods with available data, the state's reentry rate decreased 40% overall.
- The largest numbers of children exiting and reentering foster care were children aged one to five years. This age group was disproportionately represented in reentries, accounting for 44% of all exits and 48% of all reentries. Nationally, exits and reentries for this age group for the same reporting period were 36% and 35%, respectively.
- Harris, Dallas, Bexar, and Bell counties had the largest number of exits and reentry rates at or below the state's reentry rate of 2.7%. Some counties with a substantially smaller number of exits had higher reentry rates, such as McLennan, Hidalgo, Taylor, and Travis counties, with reentry rates ranging between 4% and 6.5%.

Stakeholders reviewed historical data indicating that Texas consistently achieved excellent rates (exceeding the national performance indicator) for two of the Permanency Data Indicators: Permanency in 12 months for children in foster care 12 to 23 months and re-entry to foster care in 12 months. No PIP actions will be developed for these two measures as both met or achieved substantial conformity in the February 2025 data profile.

Case Review Systemic Factor

Stakeholders interviewed during the Onsite Review indicated that caregivers always receive notification of the hearings for a child, but through a variety of means, including through verbal or written communication from the DFPS or SSCC caseworker, prosecutor, or court staff. Stakeholders indicated that the notice about the hearing often did not include that there was also a right to be heard in the hearing. Stakeholders identified various barriers such as a lack of awareness, concern about what information to solicit from the caregiver depending on whether they intervened in the case, and inconsistency due to the decentralized court system. A Roundtable regarding notification would provide the best opportunity to ensure all legal stakeholders (Judges, Attorneys for all parties, CASA volunteers, and others) and staff (Legacy and SSCC) are aware of the value of the caregiver contributions and the need to provide an opportunity for the caregiver to be heard during the periodic and permanency hearings, as is their right. Multiple members of the judiciary believe an opportunity to pilot a notification process would be warranted and have volunteered to conduct a pilot in one or more of the counties in their jurisdiction.

Permanency Outcome 1

Building on the parent focus group's recommendations to strengthen the Texas child welfare system in its engagement with families and stakeholders, the agency created a new advisory committee: Partners for Children and Families Committee. This committee replaces the Public/Private Partnership and Committee on Advancing Residential Practices and was established to engage clients, families, and communities by creating a path for their voices to be heard and integrating their lived experiences into practices so the agency may better meet their needs.

The Partners for Children and Families Committee (PCFC) will explore, study, and recommend innovative practices that affect the Texas child protection system. The committee also advises DFPS, SSCCs, and HHSC on the evolution of the child protection system to its model of Community-Based Care and the impact on the child protection system at large.

A single committee provides a constant global viewpoint with clarity of vision – supplemented by the extensive subject matter expertise of multiple subcommittee members. In fact, the new structure allows for *more* subcommittees, encouraging a diverse range of voices and experiences. This merger allows the committee to amplify the impact of partnership and continue making a difference for the children, youth, and families of Texas.

The agency's PCFC consists of a core committee and multiple subcommittees. Four subcommittees will be assigned a focus area for the PIP and will provide consultation, review, and offer input. Below are the current standing subcommittees; additional subcommittees may be formed as needed.

Subcommittee	Topics	PIP Area of Focus or Component
Community-Based Care	Operations, expansion, and transition	
Placement	SSCC capacity, legacy provider capacity, and shared capacity	Area of Focus #3: Placement, especially analyzing the impact of expansion of capacity and reduction of children without placement
Contracting and Oversight	Multiple-entity contracts and Heightened Monitoring	
Foster Care and Kinship Policy	Practices, policies, and procedures related to kinship and foster care	Area of Focus #2: Permanency, emphasis on Kinship Support and T3C
Intake and Investigations	Intake and investigations	Area of Focus #1: Safety
Services and Support	Behavioral health, family support services, and older youth	Area of Focus #4: Services Array, especially analyzing the area of behavioral health services.

PCFC Members include:

- Providers and provider associations, including SSCC organizations
- Individuals with lived child welfare experience
- Members of the judiciary and legal system
- Child welfare advocacy groups
- Foster parents and kinship families
- Other child welfare stakeholders

Analysis of barriers and issues needed to improve reunification exits was conducted in June 2024. At a reunification-focused conference, "table groups" focused on determining drivers toward reunification in regional areas, identifying root cause of barriers to reunification in regional areas, next steps to improvement, and planning follow up. With tables divided by region, Regional Systems Improvement Specialists provided facilitation. Data analyzed included data for five-year trend lines regarding removal numbers, removal reasons, age of children at removal, risk level of investigations opened, permanency goals for children in TMC and PMC without termination, contacts with parents (mothers and fathers), timeliness for family plans of service, exit from care by exit types, time to reunification exits and time to exit for all exit types.

Achieving timely, positive permanency is an identified challenge for Texas children who remain in DFPS conservatorship for two years or more. Placement stability significantly impacts permanency outcomes for children and youth in longer term care. By regularly examining key themes from the data profile and case review, a Children's Commission data committee will provide analysis regarding contributing factors, strategies, and best practices to address barriers to permanency that will inform training objectives and resource development. The caregiver engagement pilot will clarify

and streamline the process to notify caregivers of court hearings, thereby encouraging access for judges and legal professionals to information that can mitigate placement disruption and encourage timely permanency.

Additionally, a Joint Regional Director meeting was held in October 2024 with CPI and CPS. Data and five-year trends for investigations, FBSS, conservatorship, kinship and sibling groups, and recidivism trends were reviewed and discussed.

DFPS plans to hold a Family Reunification conference for permanency staff and stakeholders in 2025. Sessions at this conference will include focusing on selecting appropriate permanency goals for children in a timely manner, addressing barriers to appropriate goal selection, and changing goals as case circumstances change. This will be supported by ongoing development of continuous quality improvement efforts for each region. Along with CFSR case reading data shown earlier that supports the need for continued focus with staff on these areas, data here shows the reunification rates for Texas for the last four fiscal years:

Family Reunification per Fiscal Year						
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025 *YTD as of 5/7/25
Number of Children Returned Home	6,285	5,774	5,811	3,701	3,478	2,144
Total Number children that exited foster care	18,416	17,337	16,880	12,804	10,825	6,559
Percentage of children reunified	34%	33%	34%	29%	32%	33%
Average months in care	13.3	13.9	14.6	14.6	13.9	14.2

Data source: cps_pp_20

Kinship Support:

Kinship care is the care of a child by relatives or close family friends, also known as fictive kin. Kinship caregivers are the preferred placements for children who must be removed from their homes because it maintains the children's connections with their families and communities. There are many benefits to placing a child with kinship caregivers. A comprehensive Kinship Support project ("Kinship First") will improve Permanency Area of Focus 2. A child in kinship care:

- Is less likely to reenter care than a child in foster care.
- Experiences fewer placement changes.
- Is more likely to be placed with siblings and maintain relationships with birth parents and relatives.
- Is more likely to remain in their community of origin and maintain connections to cultural identity.
- Experiences less trauma than a child placed with strangers, as it enables a child to live with people they know and trust.

DFPS continues to connect more children in care to kinship placements, placing children with family more quickly and helping children exit to permanency with a kinship caregiver. During FY 2024, nearly 74 percent of the 10,771 exits from DFPS legal custody were to family, either to family reunification or to a relative.

Stakeholder input identified barriers to successful kinship care. Kinship caregivers typically have little planning time before children are placed in their homes. Many are retired or living on fixed incomes, which makes it difficult for them to purchase items such as beds, car seats, clothing, diapers, and other immediate needs. Also, day care funding is limited and only offered to kinship caregivers who meet required eligibility. The Final Report noted kinship caregivers often need more services to support placements.

The 88th Legislature appropriated $6.9 million to assist kinship caregivers with immediate needs, provide reimbursement for expenses associated with foster care licensing, and offer Enhanced Permanency Care Assistance for kinship providers caring for children with increased needs. DFPS is developing a statewide electronic tracking system to track kinship home assessment requests. This system will enable improved oversight and accountability for timeliness of home assessments.

The Kinship Collaboration Group allows DFPS collaboration with kinship advocates and caregivers whose cases have reached permanency. Partnering with kinship caregivers helps the agency understand how to meet their needs. The Kinship Collaboration Group:

- Created the *After the Call* brochure to provide kinship caregivers with resources and information when they first expect a child placement.
- Is working on another brochure, *After the Case*, to help caregivers find resources once children are in their care.

The CPS Day Care Program is working to provide day care for more kinship caregivers. Currently, day care is offered to kinship caregivers when they have an approved home study and a signed Kinship Caregiver Agreement, and all caregivers work 40 hours a week. Kinship caregivers with children 6 years old or younger may receive funding for day care during the school year, and all children 12 and younger are eligible for summer day care.

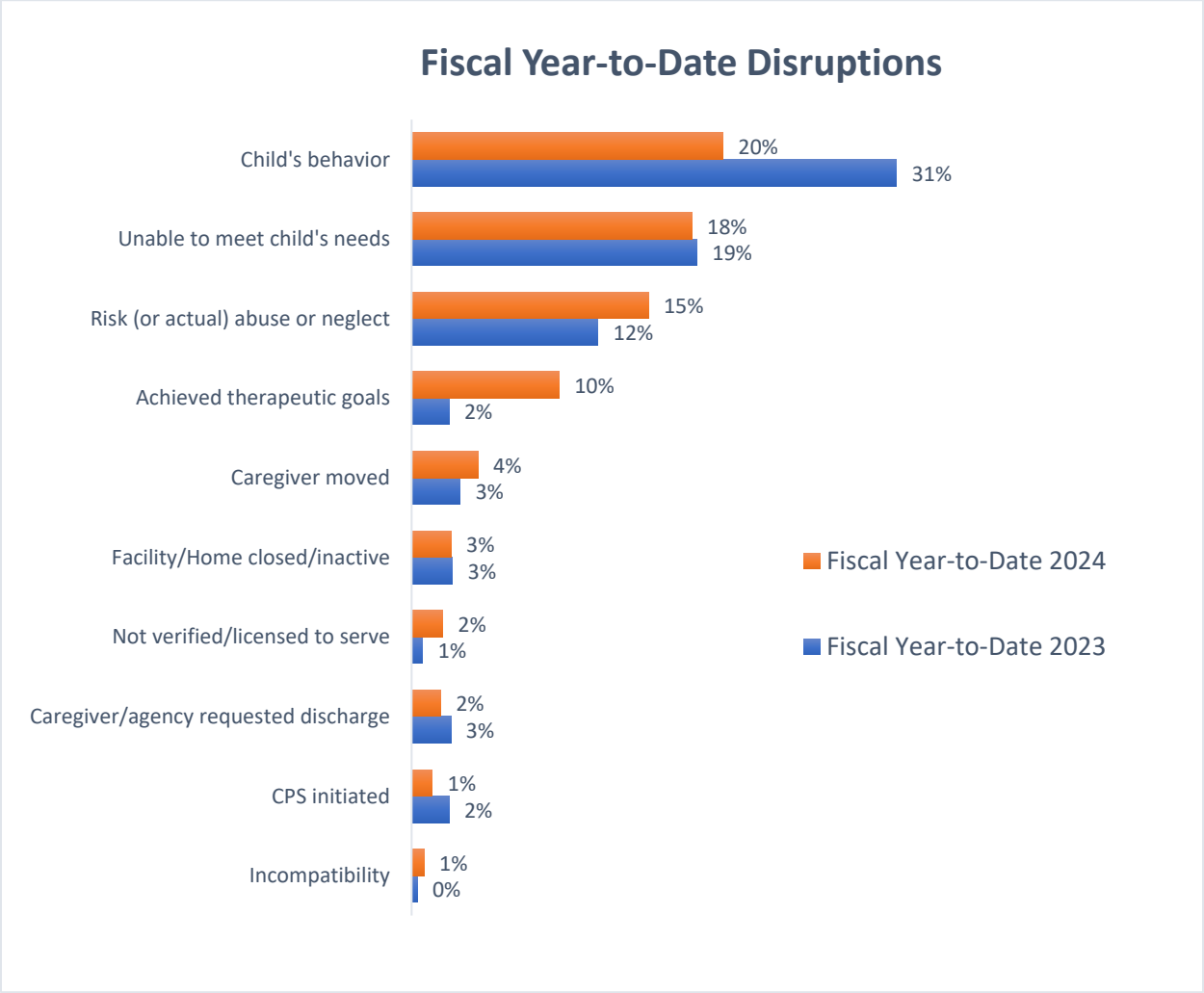
Analysis of barriers to permanency shows a plateau for kinship placements and unmet needs for supports to potential kinship caregivers. As of May 2024, a total of 6,545 children were in a kinship placement. The data represents September 2023 through May 2024. As of fiscal year-to-date 2024, an average of 39.9 percent of children were placed with relatives or fictive kin (either verified or unverified). Comparatively, last fiscal year for the

same timeframe, 41.5 percent of children were placed with relatives or fictive kin. The most recent national data (fiscal year 2022) indicates the national average for relative placement is 34 percent.

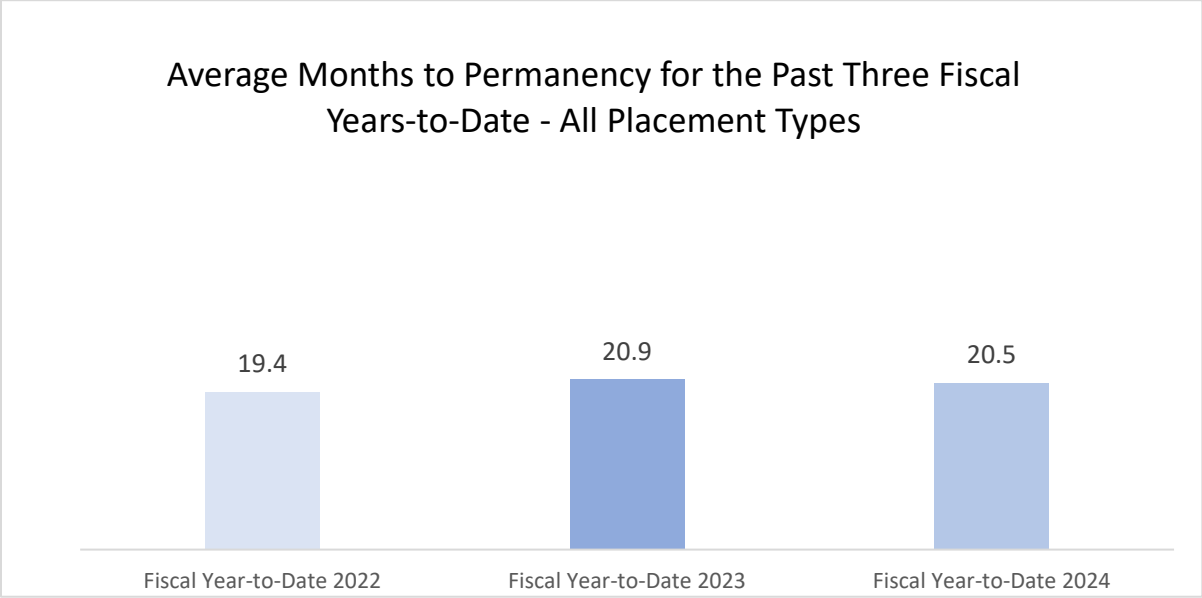
In Summer 2024, qualitative feedback about kinship caregiver experiences with financial support was solicited from caregivers and caseworkers serving families receiving payments. Caseworkers and caregivers felt strongly that financial support enabled caregivers to make the decision to serve as a placement option, despite the economic burden of caring for additional children at short notice. Payments allowed caregivers to provide not only necessities to children but valuable childhood experiences as well.

There were 12,650 unverified kinship placements which ended in fiscal year-to-date 2024. Of these, 1,202 (or 9.5 percent) kinship placements disrupted, meaning the placement ended and the child's next placement was in a non-kinship foster care living arrangement. This compares to 14,573 unverified kinship placements that ended in fiscal year 2023 with 1,217 (or 8.4 percent) placements disrupting. Disruption rates increased as kinship placements decreased.

Of the 1,202 disruptions noted above, disruption reason data was obtained for all children placed in a kinship home who had a subsequent move into a non-kinship paid foster care living arrangement. In fiscal year-to-date 2024, the top reasons for disruption were the child's behavior (26 percent), the caregiver being unable to meet the child's needs (24 percent), and risk or actual abuse or neglect (20 percent). There was no change in the top three reasons for disruption from fiscal year 2023. This year, child's behavior accounted for a smaller percentage of all disruptions while risk or actual abuse or neglect accounted for a larger percentage. Notably, much larger percentage of the disruptions in fiscal year-to-date 2024 were due to achieving therapeutic goals (12 percent compared to 3 percent in 2023). The figure below contains details on the top ten disruption reasons for non-verified kinship placements in fiscal year-to-date 2024 compared to the corresponding disruption reason in fiscal year 2023.

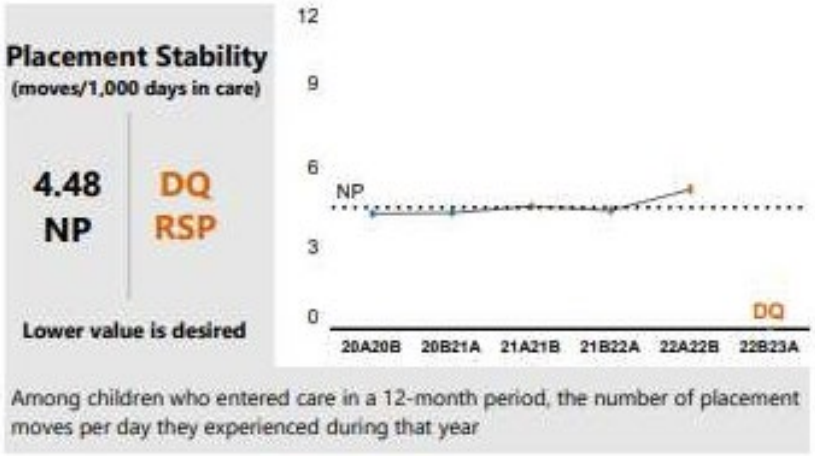


During fiscal year-to-date 2024, the average time for a relative, who received a Relative and Other Designated Caregiver (RODC) Assistance payment, to be awarded PMC of a child was 14.6 months compared to 16.8 months for the same period last year in 2023. Thus, exits to positive permanency are improving. Children in kinship care with relatives who received RODC assistance achieved permanency an average of 5.9 months sooner during the current fiscal year (data available: September 2023 through May 2024), when compared to children in all placement types for the same period. Children in all placement types have a time to permanency of 20.5 months compared to 14.6 months for those placed with relatives who receive RODC assistance for the fiscal year-to-date 2024. The figure below displays the average number of months to achieve permanency for children in all placement types for the past three fiscal years-to-date.



Analysis indicates the need for enhanced Kinship Support. Recognizing the significance of kinship care to children, DFPS aims to increase the percent of children and youth connected to family either through placements with kinship caregivers, placement with siblings, kinship involvement in case planning and visitation, or permanency exits to family. DFPS also intends to increase support to kinship caregivers. Investigations is now placing emphasis on making a child's first placement in care a kinship placement. Data below shows the state effort, with some improvement. Three regions improved to exceed 40% of their first placements being with kin for the first time in FY 2024.

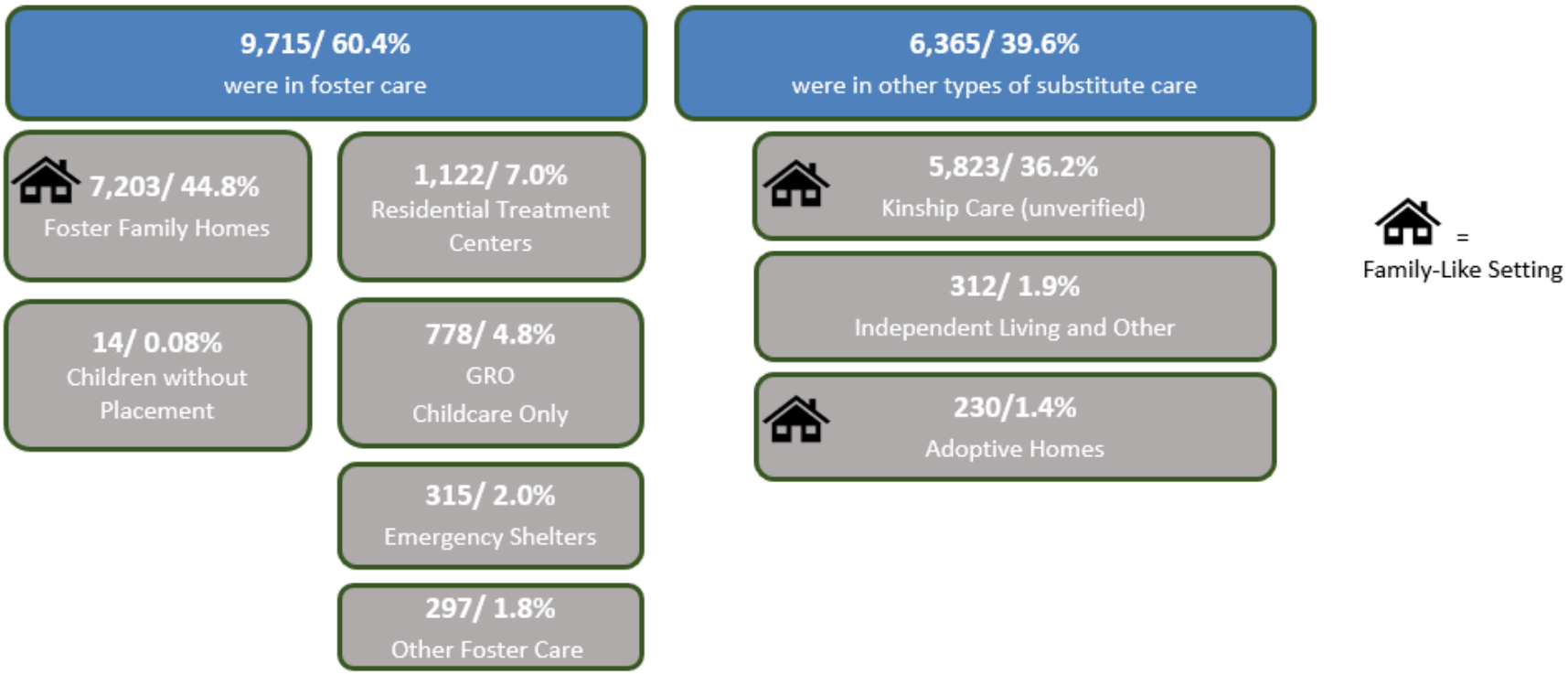
Placement Stability



Stakeholders analyzed where children are placed as of 08/31/2024 and found that majority were in family-like home settings:

DFPS Census

Most children in DFPS care reside in family-like home settings. Of the 16,080 children in care (ages 0-17) at the end of August 2024, 13,256 (82.4%) resided in a family-like home setting:

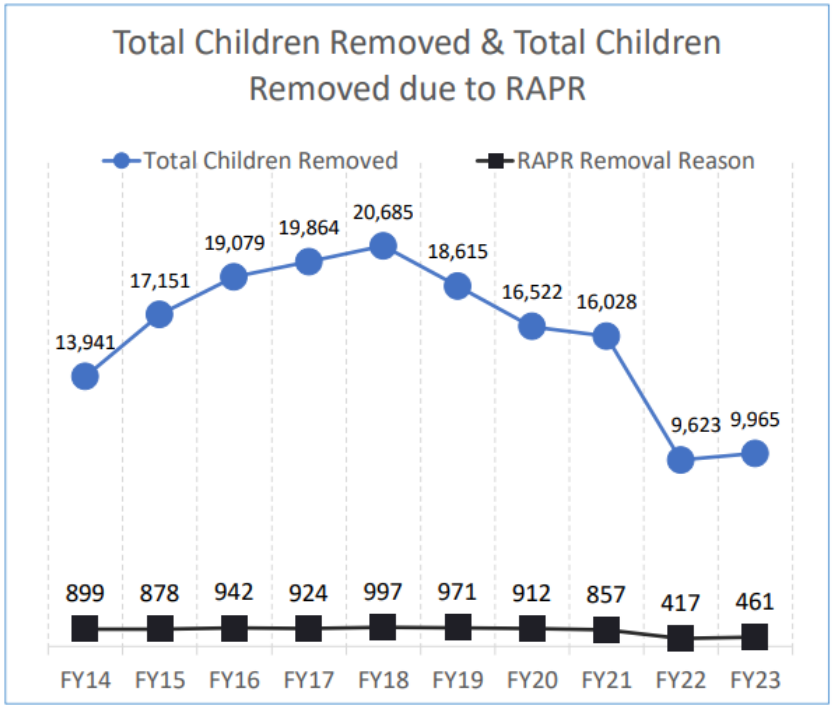


Data Source: CWOP Tracker and Data Warehouse SA_05s,
Warehouse Data As of: 9/7/24 Report Run Date: 9/16/2024

When the person responsible for a child's care, custody, or welfare fails to permit the child to return home without arranging for the necessary care after the child has been absent for any reason, "Refusal to Assume Parental Responsibility" or "RAPR" is used. Reasons can include lack of Mental Health/IDD services or a lack of Medical services, and relinquishment of custody used solely as a means to obtain such services.

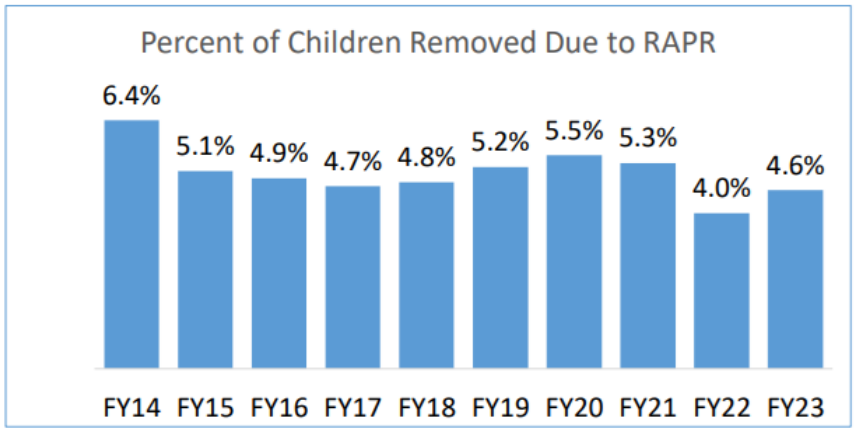
Data Source: CPS_SA_19

Refusal to Assume Parental Responsibility (RAPR)



The percentage of RAPR removals has decreased since FY2014

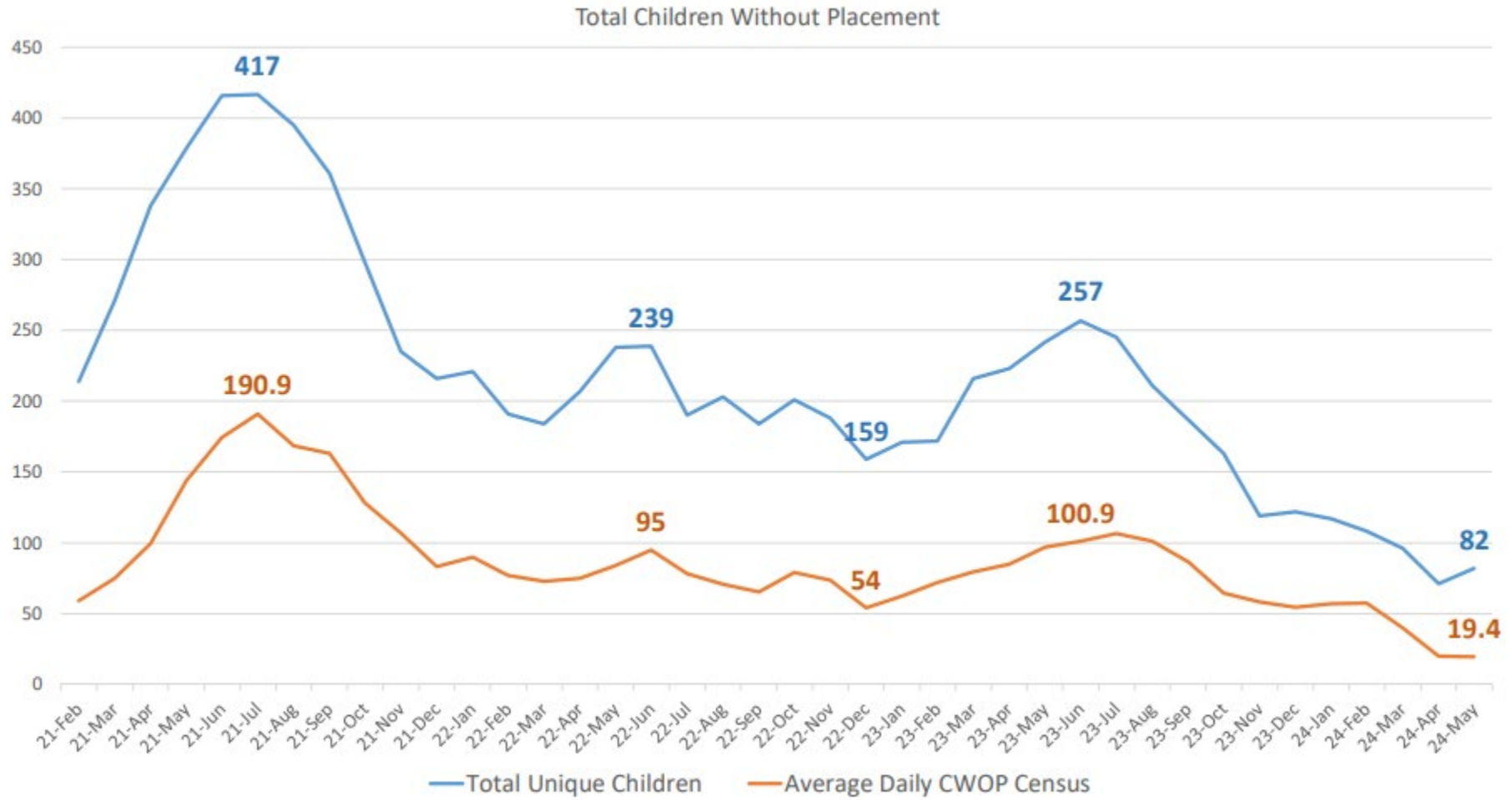
As of December 31, 2023, 8% of children in substitute care had a RAPR removal reason.



Youth removed due to RAPR allegations make up a small percentage of all allegations. Confirmed RAPR allegations have high rates of removals. Children with RAPR removal reasons have higher, more specific needs. Children with RAPR removal reasons make up a high percentage of children

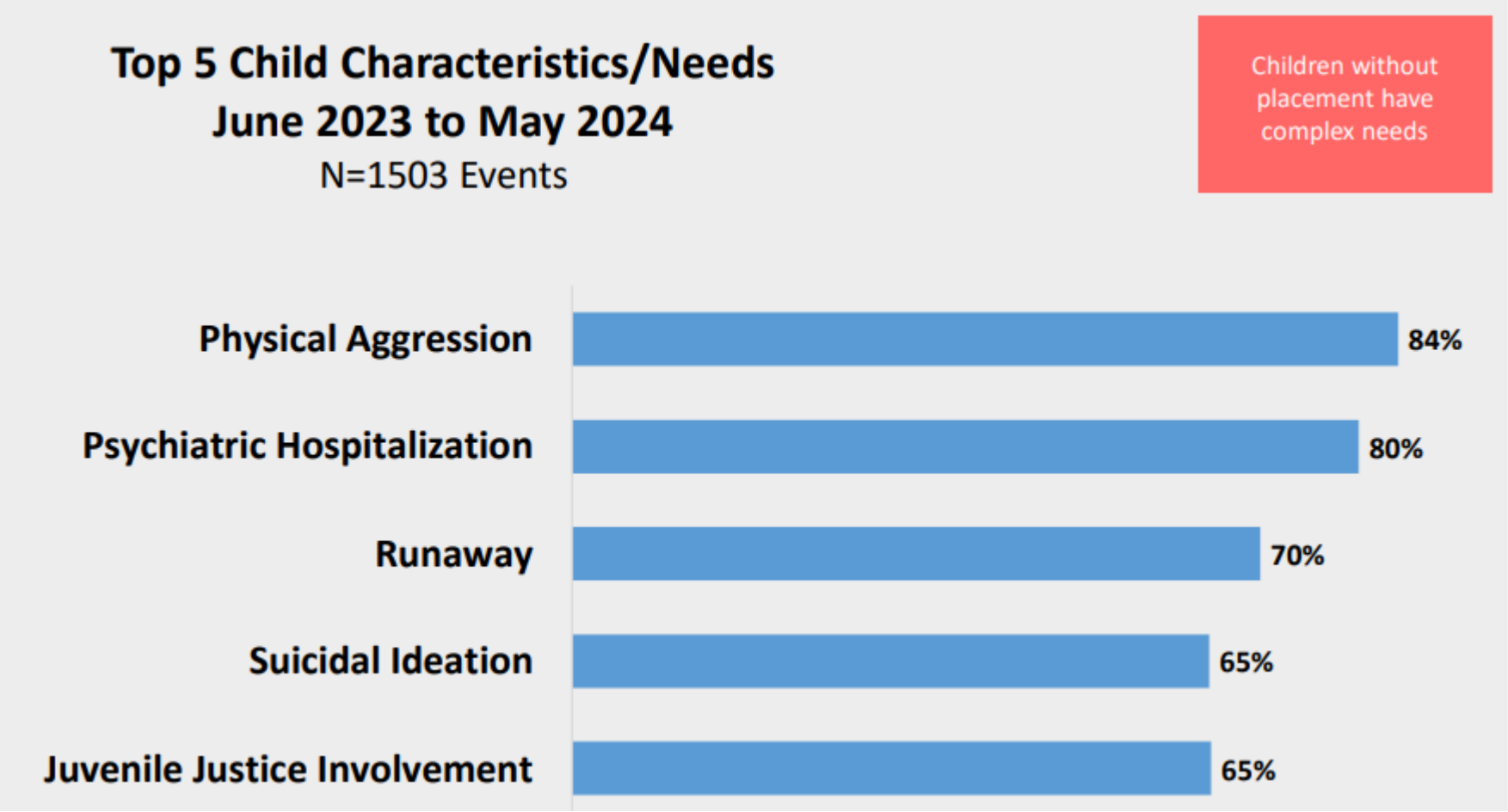
for whom no placement options can be secured and who must be supervised by agency staff until a placement is found. These children have unique and complex needs limit, often with limited family support.

Because of the complex needs of these youth, including the impact of trauma on their mental health, it can be difficult to locate an appropriate placement. Youth that experience such gaps in placement options have complex behavioral health needs and tend to be involved with multiple systems. While DFPS has made significant progress in reducing the number of youths without placement, the underlying behavioral health needs remain. The chart below illustrates progress:



Data source: CWOP Placement Tracker

An analysis of characteristics/needs for youth without placement showed the top five child characteristics/needs:



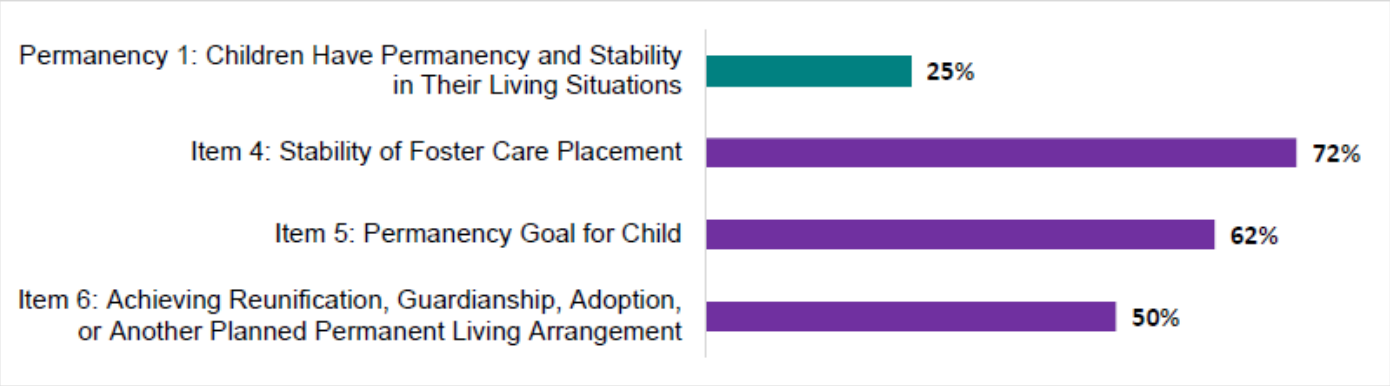
Data source: CWOP Placement Tracker

To ensure youth and families have access to a full continuum of behavioral health services, the following gaps were identified:

- Post-psychiatric hospitalization step down services

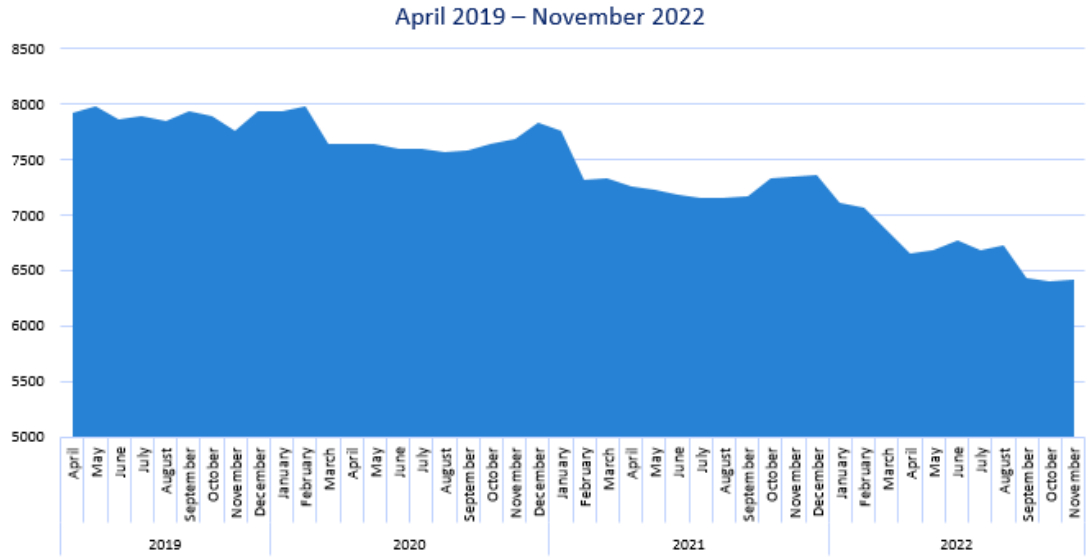
- Access to intensive home-based care
- Provider availability to serve youth with complex needs
- Access to crisis and respite services
- Relinquishment prevention programs
- Behavioral health services for youth with a dual diagnosis

Figure 5. Performance on Permanency Outcome 1 and Supporting Items



Children with high acuity needs often need a period of residential treatment. The data below demonstrates the state's General Residential Operation (GRO) capacity over time. In November 2023, the Committee on Advancing Residential Practices (CARP) engaged in a discussion around the challenges of recruiting and retaining foster and adoptive homes. Committee members shared multiple factors they believe are affecting recruitment and retention. These factors include the increasing population of youth with complex needs and a changing population of prospective foster and adoptive parents. Members believe foster and adoptive parents who are older and have long term experiences have decreased, with new prospective families committing to shorter time periods, having advanced education (i.e., nurses, doctors, etc.), and increasingly working outside of the home.

General Residential Operation: Capacity Over Time:



Stakeholders have indicated a need to focus on building Treatment Family Foster Care and other foster home capacity to serve transition-aged and youth with high acuity needs. According to the federal Final Report, the Texas Diligent Recruitment Plan did not demonstrate a statewide process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the demographic of children in the state for whom foster and adoptive homes are needed. The report indicated the state did not describe how relevant foster/adoptive parent and child demographic data were used to drive and target diligent recruitment efforts.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

This case review process consists of 240 foster care cases (60 cases per quarter) from a random statewide sample. The sample includes cases managed by agency staff and Community-Based Care providers.

Outcome/Item/Data Indicator	CFSR Standard	Q1-24	Q2-24	Q3-24 Federal Review	Q4-24
Item 7: Placement With Siblings	90%	85.19%	91.3%	93.75%	93.55%
Item 8: Visiting With Parents and Siblings in Foster Care	90%	75.0%	60.61%	57.89%	70.59%
Item 9: Preserving Connections	90%	76.67%	76.67%	78.33%	65.0%
Item 10: Relative Placement	90%	81.03%	86.67%	85.0%	79.66%
Item 11: Relationship of Child in Care With Parents	90%	85.19%	51.72%	50.0%	64.29%
Permanency 2: The continuity of family relationships and connections is preserved for children.	**95%**	**78.33%**	**75.0%**	**70.0%**	**71.67%**

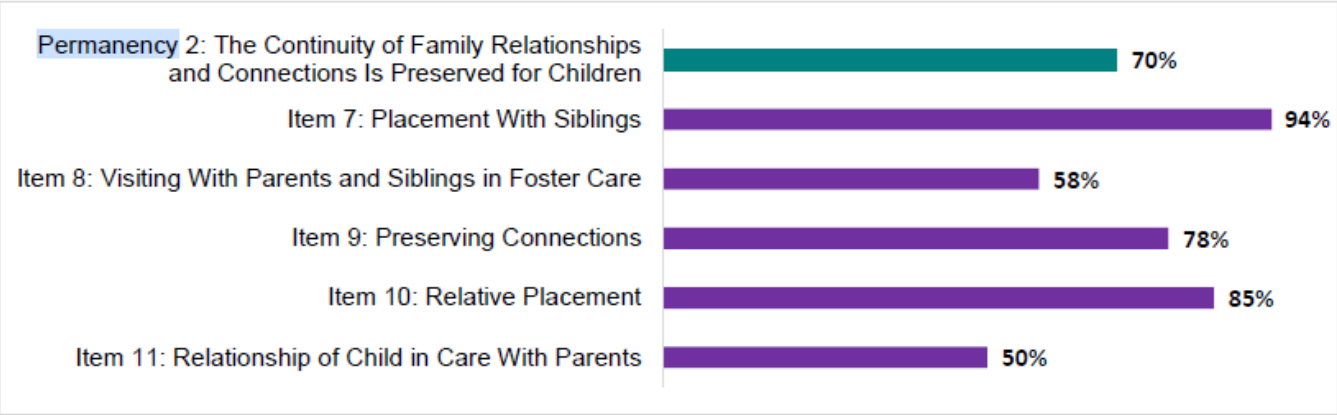
The Final Report notes that Permanency Outcome 2, "The continuity of family relationships and connections is preserved for children," was substantially achieved in 70% of the foster care cases reviewed. Of the five items assessed for this outcome, Item 7, Placement With Siblings, was the highest performing, with 94% of cases rated as a Strength. The agency demonstrated concerted efforts to keep siblings in the same placement whenever appropriate. Item 10, Relative Placement, was rated as a Strength in 85% of the applicable cases. Approximately 40% of children in foster care cases reviewed were placed with relatives, and 100% of those placements were appropriate to meet the child's needs. Item 9, Preserving Connections, was rated as a Strength in 78% of the cases. The two lowest-performing items in this outcome were Item 8, Visiting With Parents and Siblings in Foster Care, with 58% of cases rated as a Strength, and Item 11, Relationship of Child in Care With Parents, with 50% of the cases rated as a Strength. A notable number of children had no visits with their mothers or fathers while in care (during the period under review), while others received visits fewer than once per month. For each of these two items, performance was better for mothers than it was for fathers.

For Kinship caregivers, above mentioned issues impact placement stability: there is typically little planning time before children are placed in their homes. Many are retired or living on fixed incomes, which makes it difficult for them to purchase items such as beds, car seats, clothing, diapers, and other immediate needs required for the children to be placed with them. In addition, daycare funding is limited and only offered to kinship caregivers who meet the required eligibility.

During the Round 4 case review, Texas demonstrated the following results for the 240 foster care cases reviewed:

Case Review

Figure 6. Performance on Permanency Outcome 2 and Supporting Items

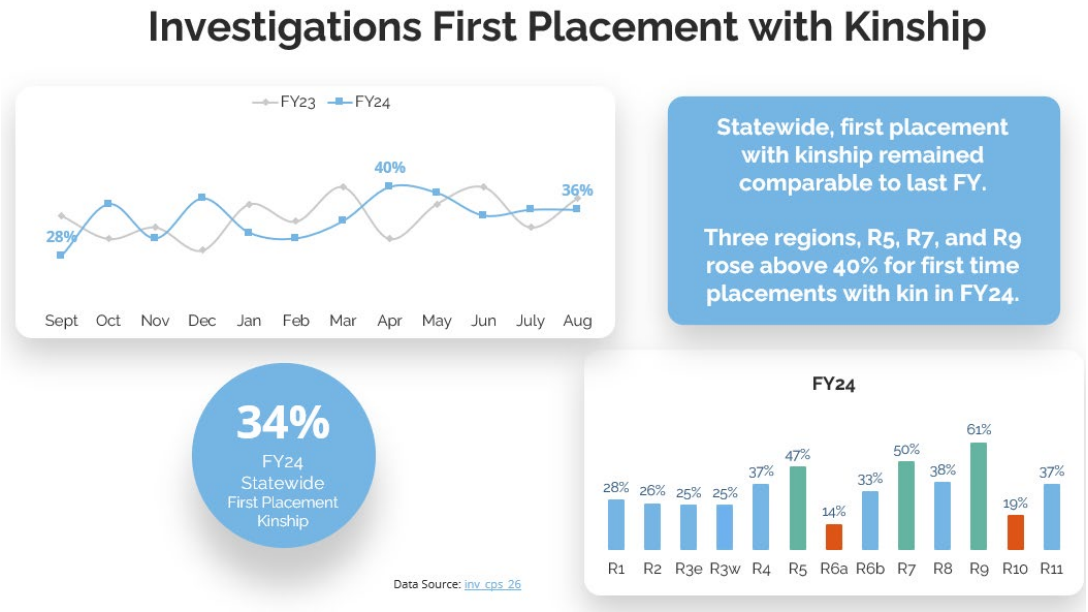


Data Indicator for Permanency 1 (Placement Stability)

The Data Indicator addressing Placement Stability in Data Profile February 2025, once data quality issues were addressed, showed that Texas did not meet the national indicator.

Although Community Based Care (CBC) is a long-standing major shift for the Texas child welfare system, it is not a new initiative based on the results of the 4th round of the federal CFSR process. Thus, CBC is not in and of itself a part of the PIP. Implementation of the CBC model moves the Texas child protection system from a statewide, "one-size-fits-all" approach to a community-based model designed to meet the individual and unique needs of children, youth, and families. CBC allows local communities to do this by tapping into the strengths and resources of each community. Communities have a deep understanding of the unique challenges faced by families in their areas and can design interventions that are sensitive and responsive in that local context.

Complementing CBC is Texas Child-Centered Care (T3C), a new effort that is a cornerstone of the PIP. T3C redesigns the foster care model and supports development of innovative caregiving practices to meet the unique, diverse needs of children in Texas. Under T3C and within the context of CBC, Texas will help ensure children remain in their home communities, close to people who love and care about them, and receive services designed to help them grow and heal. T3C impacts areas of focus associated with placement (Area of Focus #3).



In Fall 2023, ACF released recommendations and guidelines related to supporting kinship caregivers. Previous rules required all foster family homes to meet the same licensing standards. The new rules allow child protection agencies to adopt simpler licensing or approval standards for all kinship foster family homes. States must also provide kinship caregivers with the same level of financial assistance that any other foster care provider receives. CPS is currently working alongside HHSC to ensure an implementation to these rules and recommendations.

In light of the review of Statewide Assessment content, federal Final Report findings, and stakeholder input, the following key activities will comprise Area of Focus #2:

- Convene a multi-division AFCARS workgroup to continue to focus Data Quality issues impacting the Data Profile Permanency Outcomes.
- Implement a significant Kinship Support program.
- Partner with the Children's Commission to conduct a Notification Roundtable.
- Partner with the Children's Commission to develop, implement, and evaluate one or more pilots for Notification to caregivers.
- Utilize subcommittees of the Partners for Children and Families Committee to support actions through consultation and feedback.
- Conduct Family Reunification conference follow up, including development and implementation of region-specific improvement efforts.
- Strengthen practice on accurate permanency goal documentation to match circumstances as goals change.

Training is an important component when working with large numbers of staff to reinforce the importance of family engagement. Training equips our workforce with the skills and knowledge they need to perform their roles with families effectively and confidently. Tailored training helps ensure our staff receive relevant and actionable guidance in working with children and families. To address issues identified above, this PIP includes training activities for expanding Alternative Response, achieving permanency, preserving connections for children in care, and family engagement. Training activities include ongoing monitoring of case review data and other strategies to ensure the training principles are put into practice.

*Goal, Strategy, and Key Activity Identification

State/Territory: Texas

Date: February 3, 2025

Strengthen Permanency Goal 1: DFPS will enhance caseworker, supervisor, and stakeholder knowledge of permanency planning and achieving permanency goals timely. (Permanency in Care 12 months (24+ months), Case Review Systemic Factor, Permanency Outcome 1, Items 5 and 6
Strategy 1.1: Present permanency-focused training for staff to understand the importance of moving children through permanency in a safe and timely manner.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
1.1.1 Develop training on appropriate permanency goal selection and updating goals timely as case circumstances change.	Permanency	PIP Q2
1.1.2 Develop training on the importance of working toward timely achievement of permanency goals and “the why” it is important for the child and family.	Permanency	PIP Q2
1.1.3 Develop training on the importance of family connections (i.e., visiting with siblings placed separately, visiting with parents, increasing parent activities with children with the goal of reunification.	Permanency	PIP Q2
1.1.4 Develop training on the importance of preserving a child’s connections after removal, and the importance of quality and frequent visits between the caseworker and children and the caseworker and parents.	Permanency	PIP Q2
1.1.5 Provide the above-listed sessions for staff at the 2025 Supervisor Conference and the 2025 Reunification Conference and/or virtual meeting.	Permanency	PIP Q3
1.1.6 The Federal and State Quality Assurance Division will monitor the permanency items through ongoing quarterly case reviews and share the results with the regions and the Regional Systems Improvement Team.	CPS	PIP Q4
1.1.7 The DFPS Regional Systems Improvement team will focus on the permanency items covered by these trainings as a standing agenda item in their quarterly Regional Improvement Teams meetings. They will invite a CFSR Quality Assurance team member as needed to help present the information.	ODSI	PIP Q4

Strategy 2.1: DFPS will partner with the Children’s Commission (CIP) to improve engagement with caregivers by enhancing legal notification for hearings.
Implementation Site(s): Pilot areas to be determined by PIP Q5

Key Activity:	Entity Responsible	Expected Completion Date:
2.1.1 Consolidate all relevant state and federal law and policy related to the right and importance of caregivers appearing in court during the pendency of a child welfare case.	Children's Commission	PIP Q1
2.1.2 Identify and invite key stakeholders from the legal and child welfare communities (i.e., judges, attorneys, caregivers and parents with lived experience, CASA advocates, DFPS/SSCC caseworkers) to participate in a Round Table on Caregiver Engagement.	Children's Commission	PIP Q1
2.1.3 Hold Caregiver Engagement Round Table Meeting. Agenda will include an overview of the law and policy considerations, addressing the barriers to consistent implementation, and developing a uniform solution for notice to be provided to caregivers.	Children's Commission	PIP Q2
2.1.4 Following the Round Table, create a template for notice to be provided to caregivers, including who will provide notice, the timeframe when it will be provided, and what information the notice will contain.	Children's Commission	PIP Q3
2.1.5 Create and distribute a bench card for caregiver engagement at hearings.	Children's Commission	PIP Q3
2.1.6 Finalize pilot site selection, including all participating counties, and conduct virtual training with all impacted professionals on the importance of caregiver engagement, notice template, and bench card.	Children's Commission	PIP Q3
2.1.7 Begin notification protocol and implement pilots.	Children's Commission	PIP Q4
2.1.8 Track caregiver presence and engagement at hearings.	Children's Commission	PIP Q5

Strategy 3.1: DFPS will partner with the Children's Commission (CIP) to improve the timely and appropriate selection of permanency goals and improve the timeliness to achieving permanency goals.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
3.1.1 Review Children's Commission Data Committee membership to ensure broad representation. Modify membership as needed.	Children's Commission	PIP Q1
3.1.2 Identify key themes from case review data items 5 and 6.	Children's Commission	PIP Q1
3.1.3 Present key themes from case review data items 5 and 6 as well as data profile at quarterly Children's Commission Data Committee meetings. Engage Data Committee members in analyzing case review and data profile permanency measures.	Children's Commission	PIP Q2
3.1.4 Share Data Committee feedback at quarterly Children's Commission meetings.	Children's Commission	PIP Q3
3.1.5 Utilize Data Committee and Children's Commission member feedback to identify targeted issues (i.e., timeliness of reunification and adoption goals) and best practices.	Children's Commission	PIP Q4
3.1.6 Develop trainings for DFPS/SSCC staff, attorneys, and judges. Modify or develop resources (ex: Bench Book) with an emphasis on permanency in 24+ months.	Children's Commission	PIP Q5

Strengthen Permanency Goal 2: DFPS will improve the use of relative placements to facilitate better outcomes for children, while reinforcing the importance of engaging with families with staff to improve their work with children and families served by DFPS. This will enhance the importance of preserving children's important connections while in care. (Permanency Outcome 1, Item 4, Permanency Outcome 2, Items 7, 8, 9, 10 and 11)
Strategy 2.1: DFPS will increase the use of the Family Inquiry Network/Database Research System (FINDRS) to increase the use of relative placements to enhance child safety and placement stability and increase family engagement and the use of relative placements.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
2.1.1 Review removal compliance statistics to identify units on the lower end of compliance with requesting a FINDRS report within 3 days of removal	FINDRS Team	PIP Q3
2.1.2 Develop and distribute a diligent search request job aid for staff.	FINDRS Team	PIP Q4
2.1.3 Develop and post learning modules for staff on the use of diligent search for relatives.	FINDRS Team	PIP Q4
2.1.4 Develop and roll out a required training for staff on the use of FINDRS.	FINDRS Team	PIP Q5
2.1.5 Organize Family Group Decision Making (FGDM) Kinship FINDRS session facilitator trainings.	FINDRS Team	PIP Q5
Strategy 2.2: DFPS will increase support for Kinship caregivers for children in care and aim to increase the number of kinship placements.		
Implementation Site(s): Statewide		

Key Activity:	Entity Responsible	Expected Completion Date:
2.2.1 Implement Preserving Kinship Connections training to assist caregivers in gaining knowledge regarding family violence, trauma, substance use disorders, parent / child visitation.	Permanency	PIP Q3
2.2.2 Develop a Kinship Intranet webpage geared for CPI for a one-stop site for kinship resources to promote "first placement/kin placement." The page will include placement forms, resources, and interactive step-by-step links.	CPI	PIP Q3
2.2.3 Work with the CPI Regional Systems Improvement Specialist using Data Warehouse report INV_CPS_26 to monitor the number of Kinship as First Placements.	CPI	PIP Q3
2.2.4 Increase RODC rate reimbursement, as allowed by statute.	Permanency	PIP Q4
2.2.5 Update Kinship Caregiver Manual regarding "3 in 30" and make it more user-friendly while improving readability.	Permanency	PIP Q4
2.2.6 Targeted Kinship training will be conducted, beginning in regions with less than average kinship placements or those with higher-than-average kinship placement disruptions. This will be repeated as needed after continued data monitoring.	Permanency	PIP Q5
2.2.7 Develop regional plans to increase kinship placements and exits to permanency with kinship, if needed.	Permanency	PIP Q5
2.2.8 Partner with the Kinship Collaboration Group to identify strategies to increase kinship placements, if needed.	Permanency	PIP Q5

Strengthen Permanency Goal 3: Reinforce the importance of engaging with families with staff to improve their work with children and families served by DFPS. This will enhance the importance of preserving children's important connections while in care. (Permanency Outcome 1, Item 4 and Permanency Outcome 2: Items 7, 8, 9, 10, and 11.)
Strategy 3.1: Provide a training on engaging with families that builds on feedback from the Parent Collaboration Group data from the 2025 Family Reunification Conference and/or virtual meeting, as well as reinforces the Practice Model.
Implementation Site(s): Statewide

Strengthen Permanency Goal 3: Reinforce the importance of engaging with families with staff to improve their work with children and families served by DFPS. This will enhance the importance of preserving children's important connections while in care. (Permanency Outcome 1, Item 4 and Permanency Outcome 2: Items 7, 8, 9, 10, and 11.)		
Key Activity:	**Entity Responsible**	**Expected Completion Date:**
3.1.1 Develop an advanced course level training based on family engagement and partnering with parents (i.e. valuing different perspectives, developing collaborative relationships, acknowledging positive changes, and developing realistic case goals with the family).	Learning & Development	PIP Q4
3.1.2 Incorporate the voices of parents, youth, kinship caregivers, and foster parents into the training using videos.	Learning & Development	PIP Q5
3.1.3 Rollout and promote the training to staff. This training will become a part of certification for advancement.	Learning & Development	PIP Q6
3.1.4 The Federal and State Quality Assurance Division will monitor the permanency engagement items through ongoing quarterly case reviews and share the results with the regions and the Regional Systems Improvement Team.	CPS	PIP Q7
3.1.5 The DFPS Regional Systems Improvement team will focus on the permanency engagement items covered by these trainings as a standing agenda item in their quarterly Regional Improvement Teams meetings. They will invite a CFSR Quality Assurance team member as needed to help present the information.	DFPS	PIP Q8

Strengthen Permanency Goal 4: DFPS will focus on improving placement stability for children in care. (Placement Stability)
Strategy 4.1 DFPS will increase and match placement options with children who have complex needs in an effort to reduce children in "Child Without Placement" status.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
4.1.1 Create a new team to work closely with Regions 6, 7, 8, 9, 10, and 11 to lead the Pathways to Placement Initiative.	CPS	PIP Q2
4.1.2 Train team in facilitation strategies and utilize common staffing protocols for youth without placement or those at risk of becoming without placement.	CPS	PIP Q3

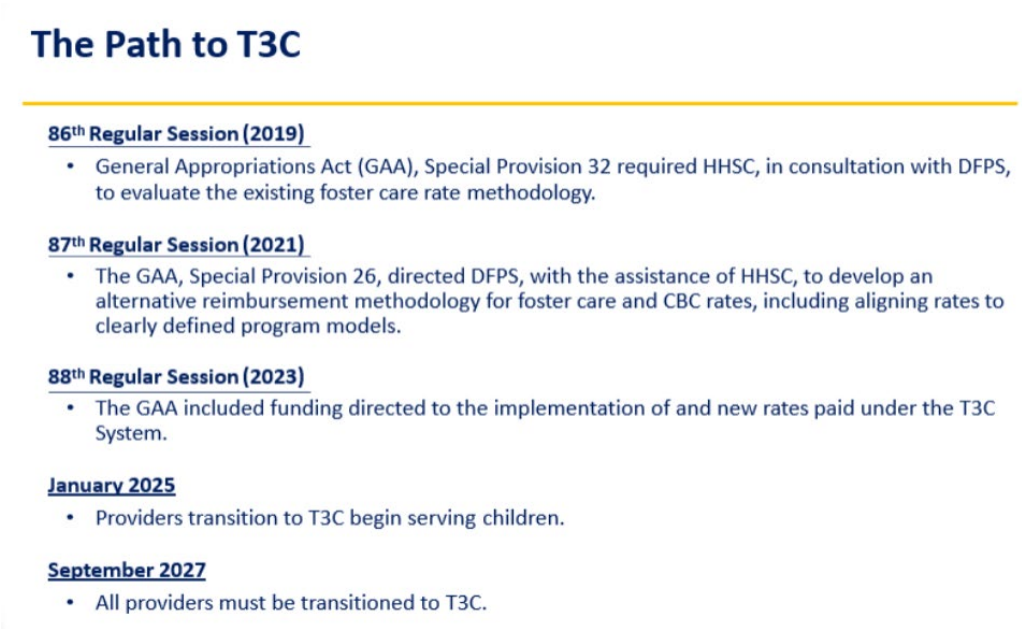
Program Improvement Plan Area of Focus #3: Improve Placement Capacity.

Description of the problem, need, or opportunity

Area of Focus #3 includes information on Foster and Adoptive Parent Licensing, Recruitment, and Retention and on Texas Child-Centered Care (T3C). As described in the federal Final Report:

- The state's performance on the 'foster and adoptive parent licensing, recruitment, and retention" systemic factor was not in substantial conformity.

In the February 2025 Data Profile, Texas continues to exceed the national performance on the reentry-into-care metric. When youth achieve positive permanency, this data shows that those placements are stable and permanent. The February 2025 Data Profile indicates that Texas does not meet the Risk Standardized Performance for Placement Stability. Strategies will address this issue.



Residential contractors providing options for placement have long indicated current rates did not align with the cost of care and contribute to inability to provide placements needed for children. These issues are consistent with initial activities that resulted in the plan to implement T3C.

To establish the data driven nature of T3C, components of background work are shared. HHSC partnered with Public Consulting Group (PCG) to conduct a study on foster care rates, as HHSC is responsible for rate setting. In the summer and fall of 2020, PCG conducted meetings with providers and other stakeholders to discuss the existing foster care rate structure, looked at other states' models, and evaluated Texas-specific data to identify improvements to address capacity challenges and improve the foster care system. The PCG study resulted in six key findings:

- The current foster care rates do not clearly align with cost of care.
- The current rate level system, whereby rates can fluctuate for children based on assessed service level, creates fiscal challenges.
- The current rate development process is primarily retrospective.
- The rate calculations mix retrospective costs with forecasted placements.
- There is an over-reliance on fundraising to support contract requirements; and
- There is a lack of financial incentives and accountability in the rates.

DFPS, with the assistance of HHSC, was directed by the 87th Legislature to develop an alternative reimbursement methodology proposal for foster care and Community-based Care rates for consideration. DFPS and HHSC began work on this project known as “Texas Child-Centered Care” (T3C), formerly Foster Care Rate Modernization, in June of 2021. In 2023, the 88th Texas Legislature supported and fully funded T3C, urging the agency to move forward. T3C transforms the foster care system to better align and support the success of CBC and provide sufficient placement options that will meet the needs of children in Texas conservatorship by establishing:

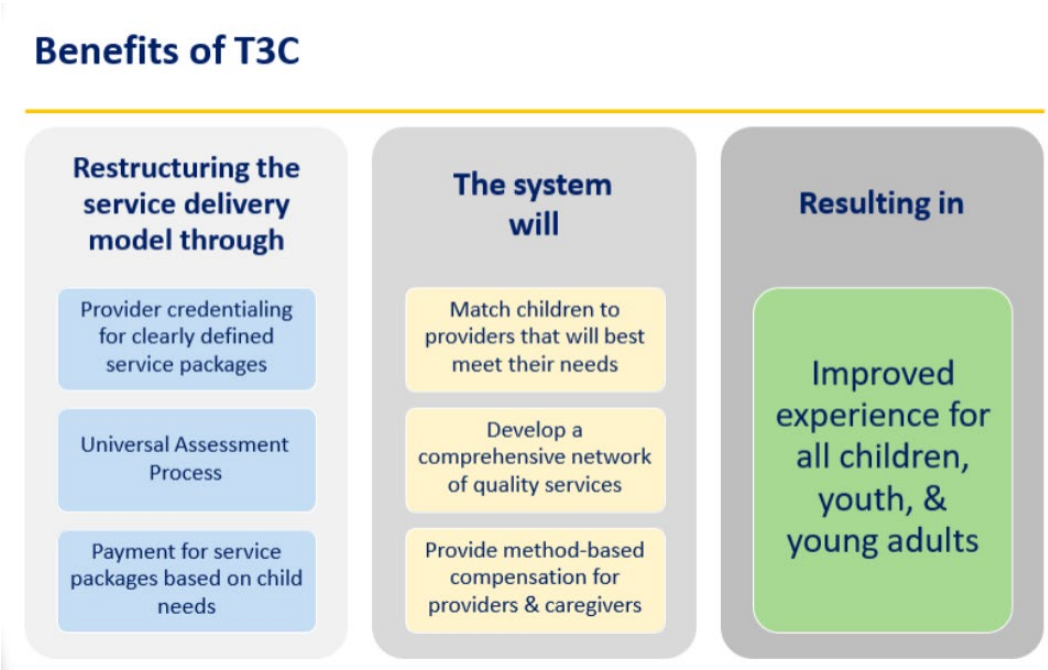
1. Clearly defined foster care models/service packages.
2. New foster care rate methodology.
3. A universal screening assessment and placement process to match children to the appropriate services; and
4. Opportunities to enhance Title IV-E claiming of federal funds.

The T3C system represents a complete transformation of the foster care system. T3C is designed to improve outcomes for children, youth, and young adults by establishing a well-defined service continuum that meets the needs of the foster care population and compensates the caregiver for delivering high-quality services. This includes an evidence-informed universal assessment of child need, clearly defined service packages tailored to meet the specific needs of the children, and a new foster care rate methodology that aligns payment with the cost of care. To successfully transition to T3C, modifications must be made to information technology infrastructure, policy, procedures, contracts, contract monitoring, and the process for assessing, matching, and placing children under the new modernized system. The infrastructure and readiness work to implement T3C was completed in December 2024.

In January 2025, children and youth began to transition under the new foster care continuum. DFPS anticipates that children receiving services like *Basic* and *Treatment Foster Family Care* will be the first to move to the new system, as these services are most closely aligned to what is offered today. T3C will replace the Service Level System, with a universal child assessment tool and placement process, twenty-four clearly defined Service Packages and three Add-On Services, new fully funded rate methodology, and new opportunities to claim federal funds for foster care services. Having a comprehensive array of clearly defined Service Packages and supporting rate methodology aligns the cost of care with specific services, offering more stability for Residential Child Care providers and Caregivers. The new rate methodology offers more efficiency and eliminates the need for multiple payments, by consolidating compensation for things such as awake night supervision in General Residential Operations into the child's daily rate.

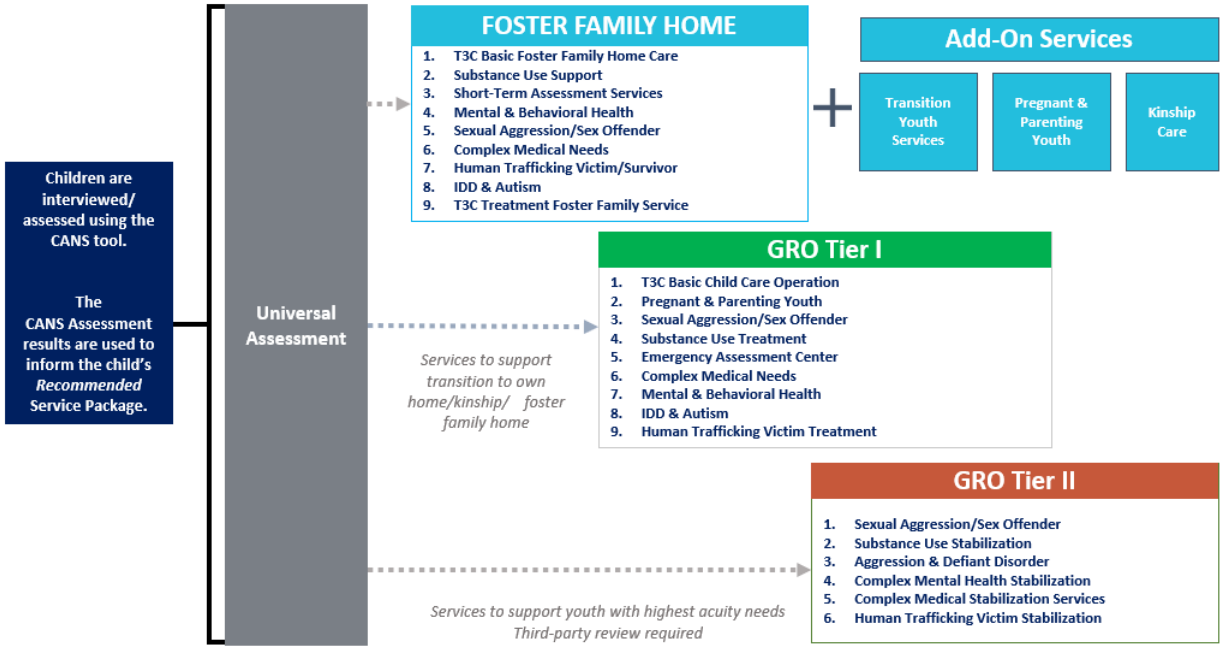
For other services that are brand new to the system, more time is needed to develop the appropriate capacity across the state. Based on the current plan, a full transition of children under the new continuum will occur by August 31, 2027.

Under T3C, children, youth, and young adults are assessed, matched, and placed with a Child Placing Agency/foster family home, or a General Residential Operation that specializes in providing a specific type of service, known as a "Service Package". There are nine distinct Service Packages offered in Foster Family Homes, nine distinct Service Packages offered in General Residential Operation Tier I facilities, and six distinct Service Packages offered in General Residential Operation Tier II facilities. Based on the child, youth, or young adult's unique needs, they may also be eligible for up to three distinct Add-On Services if placed with a Child Placing Agency/foster family home that is caring for a transition aged youth, a pregnant or parenting youth, or a kinship youth.



To ensure new and existing providers can provide the distinct service packages and add-on services, DFPS developed a credentialing process. Through this process, DFPS will be able to verify that the provider's operation is able to provide services based on infrastructure, policy, procedures, training, and treatment and logic models.

New Foster Care Continuum



Capacity Stabilization, Development, and Child Watch Mitigation

Background

Efforts continue to advance the DFPS placement capacity strategy to ensure safe and appropriate placements for all children and youth in conservatorship, with a focus on individual service needs in the least restrictive setting.

DFPS must ensure that it is able to meet each child's unique needs while in foster care and that the system has a sufficient array of placement options to meet the changing demands of children and youth in foster care. Over the past decade, DFPS recognized the increased need for specialized care for children with more unique and acute placement needs and responded to that need by developing programs such as the Temporary Emergency Placement (TEP) program, the Intensive Psychiatric Stabilization Program (IPSP), and Treatment Foster Family Care, and seeking funding through House Bill 5 to support providers with growing capacity for children without placement. These programs added to the foster care continuum and continue playing an important role in meeting children's needs. As foster care continues evolving, so does the need to develop and support innovative services and placements for children.

DFPS uses the Foster Care Needs Assessment to forecast placement service needs and regularly assesses child placement outcomes for areas of improvement and continued growth. CPS regional directors collaborate with providers in their local areas to create capacity development plans to ensure that all children have safe and appropriate placements. Through the expansion of CBC and the implementation of Texas Child-Centered Care

(T3C), there will be more opportunities for children to remain in their home communities, thus increasing their connections to their home communities and subsequently improving their overall well-being.

DFPS updated a mid-year Foster Care Needs Assessment in December 2024. The agency calculated "needed bed" by taking the difference between Demand and Supply (average number of usable beds based on current usage versus the average number of children originating from at least each region who need a given bed type, plus the children from each region who originated in another region). The results of that calculation indicate the following current additional beds needed by bed type:

Foster Home	1,116 beds
Treatment Foster Family Care	270 beds
Residential Treatment Center	321 beds
Psychiatric Transition	441 beds
Total Regional Beds needed to add to current regional supply to meet existing demand	2,148 regional beds

Most youth in DFPS conservatorship without an appropriate placement have complex mental and behavioral health needs. These youth require placement into settings with an elevated caregiving capacity, including a stable, trained workforce and specialized programming. Capacity development efforts are focused on filling identified gaps in the foster care continuum, including capacity for older youth with the most complex needs.

Capacity Stabilization

With the significant loss of placement capacity for children and youth with complex needs over the past few years, DFPS recognizes that capacity stabilization is as important as capacity building. DFPS has taken steps to partner with residential providers that contract with DFPS to stabilize existing capacity and to continue expansion. Provider workgroups uncovered other factors that affect capacity stabilization, including the ability to hire and retain qualified staff.

Efforts identified as needed to improve capacity stabilization efforts through the next fiscal year include:

- Increasing communication, support, and engagement with residential providers.
- Increasing support services to kinship caregivers and potential kinship caregivers to move youth into a family.
- Using a collaborative approach to assist in addressing providers' reported concerns.
- Limiting the number of children that a new residential provider can accept for placement until stability is demonstrated with children who have lower levels of treatment needs, and the provider feels comfortable handling more complex needs.
- Increasing monitoring, tracking of new provider progress, and addressing concerns with the provider as they occur.
- Ensuring new providers stagger admissions to ensure the provider is not overwhelmed.

Systemic Factor: Diligent Recruitment of Foster and Adoptive Homes

The agency acknowledges a need for increased capacity in foster and adoptive homes and believes the House Bill 5 Capacity Grants are moving the state in a positive direction. The 87th Legislative Session provided funding for 20 providers (10 child placing agencies and 10 general residential operations) to build foster care capacity. Known as House Bill 5 Capacity Grants, this funding provides targeted foster care capacity grants to address the existing foster care capacity shortage. The grants focus on serving children with the highest level of need, adding new providers, and promoting the long-term viability of child placements.

Providers could request up to $1 million to support their individual plans to expand capacity over a three-year period. Providers must submit detailed plans to serve children who are without placement, children with a history of being without placement, or children who have characteristics that are similar to children without placement. Grant agreements started in Fall 2022 and are fully executed. The grant agreements will end on August 31, 2025. During FY 2024, analysis shows grant recipients added 24 additional GRO beds and child placing agencies verified 210 new foster homes. House Bill 5 grantees accepted placement of 111 youth who were previously without placement or at risk of being without a placement. Staff met monthly with all grantees to provide technical assistance and support and answer any questions. Staff monitored recipients and conducted targeted outreach to grantees. Stakeholders believe these grants have a positive impact on increased capacity and the expected increased capacity in FY 2025 across multiple types of foster care providers is below:

General Residential Operations

Texas anticipates an increase of 70 beds at general residential operations (GROs) through the grant agreements. This includes placement services for children with moderate, specialized, and intense levels of care.

Treatment Foster Family Care

Texas anticipates an increase of 40 Treatment Foster Family Care homes. These homes will provide innovative, multi-disciplinary treatment services to children in a highly structured family home environment.

Traditional Foster Families

Texas anticipates an increase of 100 verified traditional and therapeutic foster families serving children with moderate, specialized, and intense levels of care.

DFPS piloted for QRTP services in Regions 1, 2, and 7 through contracts, for a total bed capacity of 90. DFPS initiated its pilot in June 2023, and since then, 120 children and youth have been served by a Texas QRTP Pilot program. Results from the QRTP Pilot program are promising and Texas will use lessons learned from the pilot as the agency moves into the T3C credentialing system. Additionally, the QRTP Pilot program helped inform the development of the credentialing requirements for Tier II T3C providers. To determine the best path forward for transitioning our congregate care system to one where the state is able to maximize federal funding, DFPS has temporarily suspended the incorporation of the QRTP provisions into the GRO Tier II Service Packages and is working with HHSC to hire a consultant to make recommendations about incorporating QRTP requirements in T3C to align with state and federal regulations.

DFPS is responsible for ensuring a successful transition to adulthood and focused on building capacity for Transitional Living Programs (TLPs). TLPs are residential services specifically designed to serve youth 14 or older for whom transitional living services or treatment goals include basic life skills training. These programs can be offered as part of a larger operation or can be independent programs. A TLP allows youth to start building a solid foundation of life skills and community connections. DFPS discussed the opportunity for Supervised Independent Living (SIL) providers to expand their services by adding TLPs to support youth who need more structure and preparation. Since both programs are designed to prepare youth for

adulthood and independence, it is a good match. Several SIL providers expressed interest in expanding to TLP but did not add the service in FY 2024.

The Transitional Living Services team also reached out to TLP providers that do not contract with DFPS or the SSCCs to gauge interest in providing this service for youth in foster care. Many providers expressed interest in serving this population but have not moved forward with a contract. Transitional Living Services will continue efforts to expand TLP providers and established a goal of one TLP in every legacy region for young men and women.

Utilizing the Statewide Assessment, federal Final Report, data analysis and discussions with contributing stakeholders, the Area of Focus #3 (Capacity: Building a Strengthened Placement Capacity) will be focused on the following key actions:

- Implementation of Texas Child Centered Care (T3C):
  - transformation to service packages,
  - credentialling
  - rate methodology
- Continuation of HB5 capacity grants
- Use of a vendor to continue to assess and provide recommendations for capacity building
- Reduction of children without placement through Pathways to Placement project

*Goal, Strategy, and Key Activity Identification

Improve Placement Capacity Goal 1: DFPS will make systemic changes to Placement Capacity that are designed to increase placements able to provide for needs of youth in care. (Foster & Adoptive Parent Licensing, Recruitment, & Retention)
Strategy 1.1: DFPS will develop and implement Texas Child Centered Care (T3C)
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
1.1.1 Make Texas Administrative Code Rule Changes required for T3C	DFPS Office of Finance	PIP Q2
1.1.2 Make automation changes in IMPACT required for T3C	DFPS Office of Finance	PIP Q2
1.1.3 Develop and implement a T3C credentialing system for residential providers to submit T3C applications for review.	DFPS Office of Finance	PIP Q2
1.1.4 Develop SSCC Automated Transfer Tools so that reporting can support both Legacy and SSCC systems.	DFPS Office of Finance	PIP Q2
1.1.5 Draft and publish policy and resource guides, including policy changes to the CPS Handbook, a T3C System Resource Guide, and related edits to SSCC Joint Protocol Manuals.	DFPS Office of Finance	PIP Q4
1.1.6 Develop and implement training for staff (Legacy and SSCC) and stakeholders on T3C.	DFPS Office of Finance	PIP Q5
1.1.7 Update the T3C Foster Care Forecast Model by contracting with an external entity to develop appropriate models for system management and to improve the foster care forecasting process.	DFPS Office of Finance	PIP Q5
1.1.8 Implement Provider Transition Grants to support transition efforts by residential providers.	DFPS Office of Finance	PIP Q6
1.1.9 Create a credentialing division, credentialing platform, and reading guides.	DFPS Office of Finance	PIP Q6
1.1.10 Develop Interim Credential Application process, test the process, and create a Full Credential Process (modifying and publishing changes as T3C is implemented).	DFPS Office of Finance	PIP Q6
1.1.11 Complete SSCC and Residential Child Care Contract Amendments needed to implement service packages and credentialing process, as well as new rate structure.	DFPS Office of Finance	PIP Q6
1.1.12 Implement T3C rates.	DFPS Office of Finance	PIP Q7
1.1.13 Analyze Placement Stability data after implementation of T3C rates.	DFPS Office of Finance	PIP Q8

Program Improvement Plan Area of Focus #4: Improve Well-Being and Engagement

Description of the problem, need, or opportunity

Area of Focus # 4 includes Service Array systemic factor, Well-Being Outcome 1, Well-Being Outcome 2, and Well-Being Outcome 3. As described in the federal Final Report:

- The state's performance on the 'service array" systemic factor was not in substantial conformity.
- Less than 90% of the cases were rated as a Strength on Items 12-A, 12-B, 12-C, 12, 13, and 14, 17 and 18.
- Less than 95% of the cases were rated as a Strength on Item 16.

The agency's Statewide Assessment noted DFPS conducts case reviews of in-homes (FBSS) and foster care cases each quarter, for a total of 400 cases per year. The most recent case review data the three Well-Being Outcomes is as follows:

Outcome/Item/Data Indicator	CFSR Standard	Q1-24	Q2-24	Q3-24 Federal Review	Q4-24
Item 12A: Needs Assessment and Services to Children	90%	75.0%	78.0%	49.0%	60.0%
Item 12B: Needs Assessment and Services to Parents	90%	31.17%	40.0%	80.0%	85.0%
Item 12C: Needs Assessment and Services to Foster Parent	90%	88.89%	94.64%	52.44%	54.05%
Item 12: Needs and services of Child, Parents, Foster Parents	90%	37.0%	46.0%	88.89%	93.1%
Item 13: Child and Family Involvement in Case Planning	90%	44.94%	56.04%	63.16%	71.59%
Item 14: Worker Visits with Child	90%	80.0%	85.0%	86.0%	88.0%
Item 15: Worker Visits with Parents	90%	36.0%	42.5%	51.22%	55.41%
Well-Being 1: Families have enhanced capacity to provide for their children's needs.	**95%**	**36.0%**	**45.0%**	**48.0%**	**59.0%**

According to the federal Final Report, Texas was found not to be in substantial conformity with Well-Being Outcome 1:

- Less than 95% of the cases reviewed were substantially achieved
- Less than 90% of the cases were rated as a Strength on Item 12.
    - Less than 90% of the cases were rated as a Strength on Sub-Item 12A.

    - Less than 90% of the cases were rated as a Strength on Sub-Item 12B.
    - Less than 90% of the cases were rated as a Strength on Sub-Item 12C.
- Less than 90% of the cases were rated as a Strength on Item 13.
- Less than 90% of the cases were rated as a Strength on Item 14.
- Less than 90% of the cases were rated as a Strength on Item 15.

Results from the Final Report shows Well-Being Outcome 1 was one of the lowest scoring outcomes for Texas, with 48% of the cases rating as Substantially Achieved. Challenges were noted around engagement of parents in assessing and addressing their needs. Results show there are frequent and quality caseworker visits with children in all case types except Alternative Response. The review found that practice with engaging and seeing mothers was stronger than with fathers. Alternative Response cases also rated low for continued quality contacts with parents.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Outcome/Item/Data Indicator	CFSR Standard	Q1-24	Q2-24	Q3-24 Federal Review	Q4-24
Item 16: Educational Needs of the Child	95%	85.71%	82.22%	86.05%	95.92%
Well-Being 2: Children receive appropriate services to meet their educational needs.	**95%**	**85.71%**	**82.22%**	**86.05%**	**95.92%**

According to the federal Final Report, Texas was found not to be in substantial conformity with Well-Being Outcome 2:

- Less than 95% of the cases were rated as a Strength on Item 16.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Outcome/Item/Data Indicator	CFSR Standard	Q1-24	Q2-24	Q3-24 Federal Review	Q4-24
Item 17: Physical Health of the Child	90%	75.95%	75.64%	83.54%	76.00%
Item 18: Mental/Behavioral Health of the Child	90%	74.32%	68.12%	73.33%	81.43%
Well-Being 3: Children receive adequate services to meet their physical and mental health needs.	**95%**	**67.37%**	**62.77%**	**73.96%**	**71.43%**

According to the federal Final Report, Texas was found not to be in substantial conformity with Well-Being Outcome 3:

- Less than 95% of the cases reviewed were substantially achieved.
- Less than 90% of the cases were rated as a Strength on Item 17.
- Less than 90% of the cases were rated as a Strength on Item 18.

Systemic Factor: Services Array

All stakeholders agreed there is an insufficient services array for the current Texas child welfare system, with multiple contributing factors.

As the behavioral needs of children and families evolve, so must the focus of the Texas child protection system. In FY 2024, DFPS established a behavioral health strategy team to analyze root causes and put in place a plan to expand and strengthen placement capacity. Addressing the behavioral health needs of youth in DFPS conservatorship remains a priority. Many DFPS-involved children have experienced considerable trauma, which can significantly impact their overall health and well-being.

The STAR Health Medicaid managed care program provides health care coverage to address the physical and behavioral health needs of all Texas youth in foster care. Some youth involved with DFPS have acute treatment needs that require access to other HHSC programs. To assure access to a range of behavioral health care services, DFPS works closely with HHSC to address solutions and coordinate care.

The Office of Behavioral Health Strategy (OBHS) was created to provide coordination and facilitate collaboration between DFPS and the myriad of state funders and local providers of pediatric primary and behavioral health services. OBHS helps to:

- Address access to care issues for children, youth, and families with behavioral health needs.
- Strengthen partnerships with critical stakeholders, including other state agencies, local mental health Authorities (LMHAs), local intellectual and developmental disabilities authorities, trade organizations, and public and private hospitals.
- Provide insight and recommendations to help identify and resolve gaps in the Texas behavioral health provider system.

In 2023, DFPS conducted a statewide survey and listening sessions with key stakeholders to gather feedback on ways to improve access to behavioral health services for DFPS-involved youth and their families. Information garnered through the analysis highlighted the following areas of need:

- Increase behavioral health services.
- Increase and retain providers.
- Improve the quality of providers.
- Improve the quality of DFPS services.
- Improve communication.

The OBHS team became fully staffed in Spring 2024. The team used results of listening sessions and surveys designed to gather information and produced a report. See the Behavioral Health Services for Youth in DFPS Care report for more information. Since its formation, the OBHS team has:

- Developed and defined behavioral health strategic initiatives.
- Collaborated with HHSC to resolve challenges to children and youth accessing behavioral health benefits.

- Executed contracts to support Single Source Continuum Contractor Kinship Care Exceptional Item funding from the 88th Legislative Session.
- Worked with HHSC to establish 20 extended stay (long-term) inpatient psychiatric beds for youth engaged with DFPS or at risk of entering conservatorship. These beds will serve as a statewide resource to provide more timely access to inpatient treatment and psychiatric stabilization for youth with high acuity behavioral health needs. This item ensures inpatient capacity for youth, who are unable to readily access treatment at a state hospital.
- Worked with HHSC to develop parameters for the mobile Youth Crisis Outreach Team (YCOT) program that provides 24/7 mental health crisis response and support for children and their families. YCOTs use trauma-informed interventions and strategies to de-escalate a crisis, aid in relapse prevention and safety planning, and provide support for up to 90 days after the crisis to ensure connection to an LMHA, local behavioral health authority or other community mental health resources.

These actions are helping but more work is needed. The team reconvened a Psychiatric Hospital Workgroup to enhance communication between agency staff and psychiatric hospitals by sharing an informational document outlining the agency's role when receiving abuse and neglect investigations, fostering increased dialogue through stakeholder meetings to identify gaps and challenges, and actively engaging hospital liaisons to facilitate collaborative efforts and improved coordination when youth need psychiatric hospitalization. Additionally, Texas developed an agency and hospital stakeholder workgroup to identify system issues and collaboratively work on creating solutions to identified, shared challenges.

Stakeholders have indicated that assessing the needs and services of children and families is not well coordinated. The Child and Adolescent Needs and Strengths (CANS) 2.0 version used with children initially entering care and at strategic intervals throughout the foster care episode was not understood or used by those developing the child and family case plans, not coordinated between the child welfare and STAR Health systems, and not used effectively to identify and expedite appropriate treatment services. The use of a Universal Assessment process for the Texas Child Centered Care (T3C) model was analyzed and an enhanced CANS 3.0 assessment process proposed.

A CANS 3.0 version (enhanced CANS 2.0) was created in Fall 2024, under the guidance of Dr. John Lyons and his team at the University of Kentucky's Center for Innovation in Population Health. The steps for creation of the CANS 3.0 version included multiple tasks and included a customization workgroup, with membership from STAR Health, Superior MCO, HHS – Behavioral Health, DFPS, and SSCC staff. The enhanced version has two new modules (Medical Services and Exploitation (Human Trafficking) and a decision support model that supports T3C was created. A workgroup tested the model, with participation by field staff (Legacy and SSCC). The CANS 3.0 version was completed in December 2025.

In addition to use of an enhanced version, how the CANS tool is administered and used will change with T3C System Solutions. Stakeholder identified challenges with the current system were used to identify solutions.

Identified Challenges with Current System	T3C System Solutions
Youth with Lived Experience: Must re-tell and provide the same information over and over again-no one is the "keeper" of the child's story.	• Administration of the CANS Assessment will move from STAR Health/Superior to the child welfare system. • CANS Assessor will have access to child's case record, including history and current information for review and inclusion in assessment. • Structure in a manner that best supports the same Assessor being responsible for re-assessments.

Identified Challenges with Current System	T3C System Solutions
Parents and Caregivers: Did not have meaningful inclusion in the assessment process.	• CANS Assessor will have access to contact information of parents and caregiver and will conduct outreach and de-brief (as needed) with them based on results.
Child's Primary Caseworkers: Were challenged with understanding the CANS: how to interpret results of the assessment and use the results in service planning and matching with services.	• CANS Assessor debrief protocol will help caseworkers understand results and how to use in planning, prioritization of services. • Some information will be documented directly by Assessor and CANS results will be housed in IMPACT for easy/ready access by caseworker. • A graphic portrayal of results will be added to CANS report.
Residential and Treatment Providers: Experienced inconsistency in the quality of CANS assessments.	• CANS Assessor debrief protocol will help caseworkers understand results and how to use in planning, prioritization of services. • Some information will be documented directly by Assessor and CANS results will be housed in IMPACT for easy/ready access by caseworker. • A graphic portrayal of results will be added to CANS report.
CANS Assessors: Did not have access to all information and relied on what was provided in the referral, which limited assessment source ide to who they could contact and the child's interview.	• CANS Assessor will have access to case history contained in IMPACT, access to contact information for child, birth family, caregivers, school personnel, etc. to allow for a more comprehensive assessment.

Stakeholders also identified the need for a CANS version for use with young children under the age of 3 years.

The T3C Credentialling process came from an analysis (see T3C analysis background) indicating there is a need to ensure children and youth in paid foster care are assessed and receive appropriate services in the right setting. DFPS is currently collaborating with stakeholders to develop the process that will be used to Credential providers, based on one or more of the twenty-four Service Packages and three Add-On Services. Once the process has been finalized, DFPS will release an update to providers outlining the step-by-step process, including a comprehensive list of what providers will need to submit to become Credentialed. At a minimum, it is anticipated that providers will be required to demonstrate and articulate the ability to provide the distinct Service Package and/or Add-On Service(s) based on the provider's /operation's infrastructure, specific policy, procedures, organization charts, business and training plans, and the Treatment and Logic Models.

Based on the vision for the T3C System and stakeholder feedback, some of the assumptions that are being used to guide the development of this process include:

➢ Establishing a single-streamlined Credentialing process (as opposed to having multiple processes where providers would submit to both DFPS and the SSCCs) for providers, to support efficiency and consistency during transition. Providers will only need to submit one application for review, and once Credentialed, make the provider eligible to provide the distinct Service Package(s) and Add-On Service(s) approved to children, youth, and young adults under an SSCC and/or DFPS legacy contract at T3C rates.

➢ Prioritizing and expediting of applications based on the greatest Service Package and Add-On Service capacity need for the system.

After analysis of the areas of greatest need, the following service packages were determined to be of highest priority and will need to be prioritized for Interim Credentialling:

• CPA/Foster Family Home: Short-term Assessment Support Services
• CPA/Foster Family Home: T3C Treatment Foster Family Care Support Services
• CPA/Foster Family Home: Mental & Behavioral Health Support Services
• CPA/Foster Family Home: Complex Medical Needs or Medically Fragile Support Services
• CPA/Foster Family Home: Sexual Aggression/Sex Offender Support Services
• GRO Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
• GRO Tier II: Aggression/Defiant Disorder Services to Support Stabilization
• GRO Tier II: Sexual Aggression/Sex Offender Services to Support Stabilization
• GRO Tier II: Complex Mental Health Services to Support Stabilization

During Fall 2024, DFPS piloted the credentialling process and learned ways to improve the process. The credentialling process recommendations from residential providers and other stakeholders will be incorporated.

The Texas Family Code, Section 264.107 requires DFPS to ensure a medical exam is completed by the end of the third business day after a child enters DFPS conservatorship, if the child:

- Is removed as the result of sexual abuse, physical abuse, or an obvious physical injury to the child; or
- Has a chronic medical condition, a medically complex condition, or a diagnosed mental illness.

DFPS began refining its policy and protocol regarding the 3 Day Exam for eligible children in March 2023. DFPS policy and the STAR Health contract were updated and effective August 1 and September 1, 2023, respectively. CPS trained more than 5,000 DFPS staff on the 3-day medical exam updates and provided resources such as a personal characteristic appendix, resource guide, badge card, and mailbox support to help staff identify eligible children and obtain proper medical treatment and services.

Questions from trainings and stakeholder discussion indicated confusion between the 3 Day Exam (required only for eligible children) and the Texas Health Steps Checkup (required for all children within the first 30 days after removal). The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service is Medicaid's comprehensive preventive child health service for individuals from birth through 20 years of age. In Texas, EPSDT is known as Texas Health Steps. Now that changes in protocol and policy for the 3 Day Exam have been made, a “campaign”, educating staff and stakeholders on the importance, benefits, and requirements for Texas Health Steps is needed.

For children in conservatorship, medical stakeholders expressed the need to move from identifying specific youth who need service management or specialized medical services, to ensuring the ability to contact caregivers and explain the resources. Stakeholders indicated staffings and service coordination when a child with primary medical needs is being discharged from a hospital or placed in a new placement are beneficial to avoiding gaps in coverage and resources. They also ensure the new caregiver is prepared to meet the child’s needs. However, feedback indicated inconsistency in the regularity of the staffings being held. Well-Being Specialists on the CPS Medical Services team can bridge the identification of the child and outreach to the case manager (Legacy and SSCC).

For families served through FBSS, a summer implementation of holding a staffing with medical professionals and stakeholders working with the family to discuss needs of children who have primary medical needs has indicated medical needs are more appropriately assessed and services provided. Upon feedback, behavioral health staff joined the medical services staff in supporting these staffings in Fall 2024.

For children with high acuity needs, the medical services staff began requesting the highest level of service coordination from the STAR Health MCO. Intensive service coordination strengthens advocacy for and access to specialized services needed to address the needs of youth and behaviors which are identified as barriers to placement.

To strengthen engagement of parents of children in conservatorship for whom the goal is reunification, parents in the stakeholder focus group recommended giving direct access to the child's health passport. Parents believed this information will increase awareness of their youth's behavioral and medical health needs and share information about services being provided before the child or youth exits care. DFPS and the STAR Health MCO agreed to explore ways to create safe access via a pilot and, based on the pilot, expand to parents preparing for reunification.

Stakeholders believe coordination and increased consistency is needed in addressing the educational needs of the child. While stakeholders indicated Regional Education Specialists, school district Foster Care Liaisons, and Community in Schools staff/volunteers from participating school districts all contribute, stakeholders described inconsistency and challenges working on follow up needs when a school change occurs. Recommendations were to move the regionally administered Regional Education Specialists into a single team and hold regional Virtual Conferences with specialists, liaisons, Community in Schools and other key stakeholders in each region together.

Utilizing the Statewide Assessment, federal Final Report, data analysis and discussions with contributing stakeholders, the Area of Focus #4 (Services: Strengthening of Service Array) will be focused on the following key actions:

- T3C
    - CANS 3.0 Version
    - CANS Version for under 3-year-olds
    - Credentialling process
- Texas Health Steps Campaign
- Staffing for coordination during transition points for children with primary medical needs, including FBSS
- Use of highest level of STAR Health service coordination for children without placement
- Consideration of pilot feasibility and implementation for Health Passport access by parents prior to reunification
- Focus on consistency and implementation of lessons learned through regional virtual conferences with key education stakeholders

*Goal, Strategy, and Key Activity Identification

State/Territory: Texas

Improve Well-Being and Engagement Goal 1: Develop and implement tools, processes, and trainings to best assess individualized needs and identify services required to address the needs of children and families served by DFPS, to include medical and mental health needs for children. (Service Array, Well-Being Outcomes 1, Items 12-A,12-B, 12-C, 12, 13, 14, 15, Well-Being Outcome 3, Items 17 and 18)
Strategy 1.1: Implement the use of a single CANS 3.0 version for children in conservatorship, 3 years of age and older, at key intervals: initially, annually, and at 90-day intervals when needs or placement changes require. The CANS assessors will increasingly be internal to the child welfare system (Legacy and SSCC). Results will inform the case planning process and be used to determine the appropriate residential service package provided through T3C.
Implementation Site(s): Statewide

Date: February 3, 2025

Key Activity:	**Entity Responsible**	**Expected Completion Date:**
1.1.1 Integrate the CANS 3.0 into IMPACT and STAR Health Health Passport for tracking, access, data use purposes, including a graphical display of the results.	DFPS Office of Finance	PIP Q1
1.1.2 Develop and distribute a recipient-based training of the CANS 3.0 and how to use it prior to implementation. Recipients to include parents, caregivers, CANS assessors, case management (Legacy and SSCC) staff, general stakeholders.	DFPS Office of Finance	PIP Q2
1.1.3 Create and fill positions for child welfare CANS assessor staff and managers (Legacy and SSCC). Train child welfare CANS assessor staff.	DFPS Office of Finance	PIP Q2
1.1.4 Develop a DFPS/ stakeholder structure for evaluating and conducting CQI of CANS 3.0 version use.	DFPS Office of Finance	PIP Q5

Strategy 2.1: DFPS will develop and provide a training on engaging with families that incorporates post-training transfer of learning.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
2.1.1 Develop training based on engaging families at the beginning of cases.	CPI	PIP Q2
2.1.2 Implement training with a focus on a post-training transfer of learning component that highlights finding absent parents.	CPI	PIP Q3
2.1.3 Track successful outcomes of finding absent parents after engaging with the transfer of learning exercise.	CPI	PIP Q4
Strategy 3.1: DFPS will hold FBSS trainings to enhance staff engagement with families for improved outcomes for children and families served.		
Implementation Site(s): Statewide		

Key Activity:	Entity Responsible	Expected Completion Date:
3.1.1 Develop a training for staff to learn about ways to strengthen family engagement.	CPS	PIP Q2
3.1.2 Develop a training for staff to learn about ways to work with families dealing with areas such as substance use disorder and domestic violence.	CPS	PIP Q2
3.1.3 Develop a session for staff to hear directly from parents to strengthen engagement practices.	CPS	PIP Q2
3.1.4 Follow-up with the Parent Collaboration Group to debrief the session.	CPS	PIP Q3
3.1.5 Monitor the impact of the training and session through tracking of related CFSR items and outcomes.	CPS	PIP Q4

Strategy 4.1: Strengthen the assessment process to better identify service needs and improve medical and behavioral health outcomes for children.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
4.1.1 Monitor the administration of the 3 Day Exam for eligible children by reviewing monthly data reports.	Medical Services	PIP Q2
4.1.2 Revise the policy, protocol, and resource guides to incorporate the use of the enhanced CANS 3.0 assessment (T3C).	Medical Services	PIP Q2
4.1.3 Conduct a campaign to improve timely Texas Health Steps checkups for children in foster care. Campaign to include videos by DFPS Medical Director.	Medical Services	PIP Q3
4.1.4 Develop and implement a process for reviewing Declining Service Management report (unable to contact) and conducting outreach.	Medical Services	PIP Q4
4.1.5 Implement cross reference protocol to ensure all children with primary medical needs have staffing and service management prior to placement changes.	Medical Services	PIP Q6
4.1.6 Assess feasibility of parental access to STAR Health Health Passport for parents for whom reunification is the goal.	Medical Services	PIP Q7

Strategy 5.1: DFPS will strengthen policy to better address Medical and Behavioral Health needs to children receiving In-Home Services.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
5.1.1 Revise policy to provide direction when working with In Home Services children who have medical or mental health conditions. Policy will direct that regardless of the reason In Home Services became involved with the family, a Medical Needs Staffing should occur at least once on all In Homes Services cases when a child resides in the home and has a chronic medical condition, a medically complex condition, and/or a behavioral or mental health condition.	Medical Services	PIP Q3
5.1.2 Notify staff of the updated policy.	Medical Services	PIP Q4

Strategy 6.1: Obtain immediate STAR Health service coordination for children in a Child Without Placement status.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
6.1.1 Collaborate with HHSC Medicaid/CHIP and with Superior Health Plan so all children without placement beyond their first night will be enrolled in Level 1 service coordination.	Medical Services	PIP Q2
6.1.2 Ensure a Well Being Specialist and a Behavioral Health Specialist attend each daily Pathways to Placement staffing to ensure service coordination in a timely manner.	Medical Services	PIP Q2
6.1.3 Assign a Medical Services staff person to review children in each Pathway to Placement call to check their service coordination level, and ensure all youth are assigned the appropriate service coordination level.	Medical Services	PIP Q2

Strategy 7.1: Focus on improving independent living skills for older youth being served.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
7.1.1 Develop a workgroup to include regional staff, Community-Based Care staff, and Youth with Lived Experience to review previous material and provide updates to create a revised alternative Independent Living Skills Study guide for use with youth unable or who choose not to attend in-person classes.	Transitional Living Services	PIP Q4
7.1.2 Rollout the updated and improved alternative Independent Living Skills Study guide.	Transitional Living Services	PIP Q5
7.1.3 Update life skills training guidelines. Include review of regional curriculums, consideration of Independent Living Study workgroup and youth with lived experience feedback, and assurance minimum standards are addressed.	Transitional Living Services	PIP Q6

Improve Well-Being and Engagement Goal 2: DFPS will improve the processes to ensure educational outcomes for children served by DFPS. (Well-Being Outcome 2, Item 16.)
Strategy 2.1: Focus on statewide consistency of educational services for children being served.
Implementation Site(s): Statewide

Key Activity:	Entity Responsible	Expected Completion Date:
2.1.1 Hold an annual education conference and/or a virtual meeting with key education stakeholders, such as the Children's Commission, along with Foster Care Liaisons, Educational Specialist and Communities In Schools.	Permanency Division	PIP Q4
2.2.1 Monitor the impact of the training and session through tracking of related CFSR items and outcomes.	CPS	PIP Q8

Appendix: PIP participants. In addition to the people listed below, DFPS also held 2 focus groups with parents (23 attendees) and youth (22 attendees).

Name	Role		Name	Role
Adrian Quintanilla	Belong		Leticia "Letty" Lozano	CPS Regional Director Region 8
Amy Srickler	Texas Family Care Network		Lindsey Van Buskirk	CPS Director of Field Operations
Ashley King	Empower		Michelle Latray	Court Appointed Attorney
Becky Bennett	St. Francis System Improvement Director		Lori Sutton-White	CPS Regional Director Region 4/5
Brandon Logan	PCFC Community Based Care Subcommittee		Martha Cano	Region 11 Program Administrator
Brittany Pearson	Empower		Michelle Cunningham	CPI Regional Director Region 8
Courtnee Thigpen	4Kids4Families		Molly Henry	Region 8 Services Program Administrator
Davis, Kecia Davis	Texas Family Care Network		Natalie Taylor	CPS Regional Director Region 7
Diane Rudisaile	OCOK Clinical Director		Sharanda Walker	CPS FBSS Program Director
Jalah Lawrence	OCOK Senior Director of Permanency (Tarrant)		Sofia Gallegos	CPS Placement Program Support Director
Jean Kenny	4Kids4Families		Stephanie Thomas	Federal/State Quality Assurance QA Specialist
Jon Mark McMullen	4Kids4Families		Tami Norrell	Texas Family Care Network
Jorge Gonzalez	Superior Health Plan		Tanya Gaines	CPS Program Administrator
Kaycee Robles	2Ingage Vice President of Permanency		Tara Bledsoe	CPS Program Administrator

Name	Role		Name	Role
Kimberly “Jack” Sledge	2Ingage Vice President of Permanency		Tashara Evans	Federal/State Quality Assurance QA Specialist
Kris Naylor	OCOK President		Teara McKentie	CVS Program Director
Lacie Salinas	Texas Family Care Network		Terri Ochoa-Young	Federal/State Quality Assurance QA Specialist
Lauren Young	4Kids4Families		Toni Cantu	CPS Director of Placement
Lee Walston	4Kids4Families		Toni Cardona	Federal/State Quality Assurance QA Specialist
Linda Garcia	Empower		Pam Alexander	Court Appointed Attorney
LueNora Dewitt	DFPS Medical Director		Tria Nelson	CPS Placement Program Support Director
Marie Clark	OCOK Chief Operating Officer		Wendy Quesada	CPS Deputy Director of Field Operations
Megan Ransom	PCFC Community Based Care Subcommittee		Yumeka Metoyer	Federal/State Quality Assurance QA Specialist
Megan Wilkinson	OCOK Director of Child Safety and Legal Compliance		Audrey O'Neill	DFPS Deputy Commissioner of Programs
Micah Smith	St. Francis Director o Permanency/Family Reunification		Cheryl Gomez	PCFC Committee Liaison
Monica Massey	Texas Family Care Network		Dennis Driskell	DFPS Director of Data and Performance Reporting
Rachel Richter	Belong		Dr. Michal Pankratz	DFPS Physician
Randy Neff	2Ingage Senior Vice President 2INgage		Ellen Letts	Texas Child Centered Care, Program Supervisor
Robyn Muennink	Belong		Emily Villagomez	Youth Specialist
Rocky Hensarling	Texas Family Care Network		Felicia Penn	CPS Education Program Manager
Ruthie Cherry	OCOK Senior Director of Permanency (Outlying counties)		Grace Windbigler	Director, Office of Community Based Care
Scottie Rhodes	4Kids4Families		Heather Thorp	DFPS Family First Prevention Services Act Division Administrator
Shannon Walker	Belong		Hollie Mims	Director, Office of Community Based Care Transition Operations and Stakeholder Engagement
Shay Ristau	OCOK Director of Intake		James Yocum	DFPS Workforce Development Division Director

Name	Role		Name	Role
Shirlon Douglas	Empower		Jennifer Sims	DFPS Deputy Commissioner of Operations
Susanne Arnold	Empower		Jenny Hinson	DFPS Director of Strategic Initiatives
Claudia Hill Thompson	Region 6 Child Care Licensing Inspector		Katherine McLaughlin	DFPS Policy Lead Attorney
Angela Pie	CPI Director of Leadership & Staff Development*		Janet Vanderzanden	Court Appointed Attorney
Casey Houghton	CPS Associate Director of Services		Kristen Jones	Senior Behavioral Health Policy Strategist
Clint Cox	CPI Director of Provider Investigations*		Madelyn Fletcher	DFPS Chief of Staff
Greg Eakens	CPI Director of Special Investigations*		Melissa Hobbs	CPS Director of Field Operations Support
Jarita Wharton	CPI Regional Director Region 6B		Rachel Duer	DFPS Director of Faith-Based and Community Engagement Services
Jerome Green	CPI Director of Policy & Practice		Robert Schuller	DFPS Management Consulting Director
Jewell Branch	CPI Program Administrator Region 7		Rosemary Cruz	CPS Regional Operations and Support Administrator
John Gibson	CPI Division Administrator		Sarah Bloom	CPS Director Program Support
Keith Gailes	CPI Regional Director Region 4/5		Sherry Rumsey	Senior Behavioral Health Policy Strategist
Lauren Gordon	CPI Office of Field Program Specialist VII		Stephanie Muth	DFPS Commissioner
LeeAnn Marks	CPI Regional Director Region 3W		Stephen Black	DFPS Associate Commissioner for Statewide Intake
Lisa Guyton	CPI Regional Director Region 7		Yesenia Rodriguez	DFPS Director of Continuous Improvement
Lorena Maldonado	CPI Regional Director Region 9/10		Julie Abreu	HHSC Community Resource Coordination Groups State Coordinator
Marta Talbert	CPI Associate Commissioner		Liz Pearson	HHSC Deputy Associate Commissioner, Children's Mental Health Services
Matt Gilbert	CPI Director of Family Investigations & Alternative Response		Melissa Ramirez	HHSC Director of Children's Services - Hill Country MHDD
Monica Sanders	CPI Regional Director Region 6A		Angela Graves-Harrington	Judge (246th Family Court)

Name	Role		Name	Role
Natalie Reeves	CPI Director of Operations		Glenna Cordray	DFPS Associate General Counsel for Regional Litigation
Nicole Williams	Division Administrator of Policy and Best Practices		Jamie Bernstein	Executive Director, Supreme Court of Texas Children's Commission
Toni Sutton	CPI Deputy Director of Family Investigations & Alternative Response		Sarah Crockett	Texas CASA Public Policy Director
Tonya Harmon	CPI Regional Director Regions 1 and 2		Vicki Kozikoujekian	DFPS General Counsel
Vincent Riles	CPI Regional Director Region 3E		Vicki Spriggs	Texas CASA Chief Executive Officer
Alex Salinas	CPI Director of Legislation and Quality Assurance		Judy Pavone	DFPS SSCC Contract Administration Manager
Alexandra Brown	Region 6A Conservatorship Program Director		Lorena Vela Parker	DFPS SSCC Contract Administration Manager
Amy Deleon	CPS Director of Program Support		Dr. Valerie Smith	Superior Health Consultant, Superior Foster Care Centers of Excellence Program
Angie Voss	CPS Director of Program Operations		Kathleen Ballee	Superior Health Vice President of Foster Care Operations
Rosario Peralez-Cowher	Court Appointed Attorney		Luanne Southern	DFPS Chief Strategist for Behavioral Health
Charline Toney	CPS Conservatorship Program Director		Nathan Hoover	Superior Health Plan, Vice President, Behavioral Health Services
Christi Martindale	Federal/State Quality Assurance Lead		Aimee Corbin	Children’s Commission Staff Attorney
Claudia Escobar	Federal/State Quality Assurance Lead		Andrea James	Judge- Child Protection Court 2
Claudia Munoz	CPS Regional Director Region 9/10		Ashleigh Wilkes	PCFC Chair-Contracts Subcommittee
Courtney Willmann	Federal/State Quality Assurance Lead		Hon. Carlos Villalon Jr.	Child Protection Court of the Rio Grande Valley West
Dalen Dilieto	Region 6A Conservatorship Program Director		Casandra Browne	2INgage Permanency Support Director
Damon Treadway	Federal/State Quality Assurance Lead		Chelsea Churchill	PCFC Chair-Intake & Investigations Subcommittee
Demetria Gaines	Region 6A Program Administrator		Cheryl Vaughan	Judge- Grayson County
Denise Barrera	CPS Regional Director Region 11		Cheryll Mabray	Judge- Child Protection Court of the Hill Country

Name	Role		Name	Role
Denise Crawford	Region 6A FBSS Program Director		Cyndel Sheppard	Texas Child Centered Care, Program Specialist
Ebony Rogers	Region 6B FBSS Program Director		Cynthia D Stewart	CPS CVS Program Director
Erica Banuelos	CPS Associate Commissioner		Denise Blakney	PCFC Contracts/ Foster Care & Kinship Policy Subcommittee
George Cannata	CPS Regional Director Region 1/2/3W		Dylan Moench	Children's Commission, Director of Legal Representation
Hector Ortiz	CPS Director of Conservatorship Services		Fedora Galasso	PCFC Services & Supports Subcommittee
Hollye Pickett	CPS Associate Director of Permanency		Jenifer Jarriel	PCFC Services & Supports Subcommittee
Jane Dominguez	Region 6A Services Program Administrator		Jocelyn Lewis	Staff Services Officer, DFPS Office of Strategic Operations
Janisa Harris	Region 8 Program Administrator		Kaysie Taccetta	Texas Child Centered Care Project Manager
Katy Padilla Stout	Court Appointed Attorney		Kimberly Maddox	DFPS Workforce Director, Workforce Development Division
Jennifer Nichols	CPS Division Administrator for Behavioral Health Services		Michael Loo	PCFC Chair- Community Based Care
Jessica Bonilla	Federal/State Quality Assurance QA Specialist		Michael Redden	PCFC Contracts Subcommittee
Joanna Herrera	CPS Youth Specialist		Mike Maples	PCFC Chair- Services & Supports Subcommittee
Johanna Payne	Federal/State Quality Assurance Specialist		Milbrey Raney	Children's Commission, Assistant Director
Julie Kinser	CPS Director of Leadership and Staff Development		Renee Castillo	Children's Commission Staff Attorney
Mark Briggs	Court Appointed Attorney		Richard Drew	Workforce Management Analyst , Office of Behavioral Health Strategy
Jessica Allen	Director I Central Background Check Unit		Robbie Callis	PCFC Chair- Foster Care & Kinship Policy Subcommittee
Tanya Oestrick	Director of FINDRS		Sierra Fischer	DFPS Director, Analytics for Change Enhancement
Katra Hall	CPS Director of Child Safety		Tabitha Charlton	PCFC Placement Subcommittee

Name	Role		Name	Role
Keema Jones	Region 6B Program Administrator		Tara Roussett	PCFC -Placement Subcommittee
Kimberely Carter	CPS Regional Director Region 3E		Hon. Piper McCraw	Judge of the 469th District Court
Kimberly Rodgers-Porter https://www.eatwellatx.com/	Federal/State Quality Assurance QA Lead		Tambrinia Edwards	St. Francis QA/QI Director
Kristen Harris	CPS Director of FAD, ICPC, Transitional Living		Hon. Andrea James	2nd Region CPC No. 2
Kristina Day	Federal/State Quality Assurance Specialist		Hon. Aurora Martinez Jones	Judge of the 126th District Court
Melissa Castillo	Federal/State Quality Assurance Specialist		Noemi Maldonado	Federal/State Quality Assurance Specialist
Michelle Mendoza	Federal/State Quality Assurance Specialist		Edward Mandujano	Federal/State Quality Assurance Specialist
Lesley Barbiaux	Federal/State Quality Assurance Specialist		Mallarie Vance	Federal/State Quality Assurance Specialist
Stefanie Foster	Federal/State Quality Assurance Specialist		David Byrd	Federal/State Quality Assurance Specialist
Lori Hernandez	Federal/State Quality Assurance Specialist		Amy Hunt	Federal/State Quality Assurance Specialist
Leshia Fisher	CPS Regional Director Region 6A/6B		Hon. Delia Gonzales	Dallas County Child Protection & Permanency Court
Hon. April Propst	Taylor County Child Protection Court		Hon. Kimberly Burley	Bexar County Children's Court
Hon. Angela Graves-Harrington	264th Family Court		Hon. Michelle Moore	Judge of the 314th District Court
Hon. Bill Harris	Lamar County Court at Law		Hon. Roy Ferguson	394th Judicial District Court
Hon. Kelley Tesch	South Plains Foster Care Court No. 1		Hon. Piper McCraw	Judge of the 469th District Court
Hon. Mandy White-Rogers	Orange County Court at Law		Courtney Pardue Wheeler	Court Appointed Attorney
Hon. Rob Hofmann	Judge of the 452nd District Court		Bill Connolly	Court Appointed Attorney
Hon. Thomas Stuckey	Centex Child Protection Court South		Tara Green	Court Appointed Attorney
Christina Duffy	Court Appointed Attorney		Brannon Vest	Federal/State Quality Assurance Specialist

Name	Role		Name	Role
Sarah Ladd	Court Appointed Attorney		Flora Michie	Federal/State Quality Assurance Specialist
Diane Sumoski	Court Appointed Attorney		Laura Doty	Federal/State Quality Assurance Specialist
Lynn LeCropane	Court Appointed Attorney		Evelyn LeBlanc	Federal/State Quality Assurance Specialist
Amanda Lockhart	Court Appointed Attorney		Martha Gandara	Federal/State Quality Assurance Specialist
Paula Bibbs-Samuels	Lived Experience Expert			

Section III: CFSR Round 4 PIP Measurement Plan

State/Territory: Texas

Date: February 3, 2025

Statewide Data Indicator Measure Information—Observed Performance Goals

Texas has two pathways to achieve the required amount of improvement for each statewide data indicator included in the PIP Measurement Plan. Achievement of the required amount of improvement is determined by whichever pathway is achieved first. The first pathway is for the state's observed performance for a 12-month reporting period to meet or exceed the improvement goal. The second pathway is for the state's Risk-Standardized Performance for a 12-month reporting period to be better or no different than national performance.

Table 1A. Safety Outcome 1: SWDI Measure Information—Observed Performance Goals

Statewide Data Indicator[1]	PIP Status: PIP or No PIP[2]	Baseline 12-Month Reporting Period[3]	Baseline Observed Performance[4]	Observed Performance Goal[5]
Recurrence of Maltreatment	**No PIP**	*Not Applicable*	*Not Applicable*	*Not Applicable*
Maltreatment in Foster Care	**PIP**	**22AB, FY 22**	**10.37**	**8.84**

Table 1B. Permanency Outcome 1: SWDI Measure Information and Observed Performance Goals

Statewide Data Indicator[1]	PIP Status: PIP or No PIP[2]	Baseline 12-Month Reporting Period[3]	Baseline Observed Performance[4]	Observed Performance Goal[5]
Permanency in 12 Months (Entries)	**No PIP**		*Not Applicable*	*Not Applicable*
Permanency in 12 Months (12-23 Months)	**No PIP**		*Not Applicable*	*Not Applicable*
Permanency in 12 Months (24+ Months)	**PIP**	**23B24A**	**35.4%**	**37.7%**
Reentry to Foster Care in 12 Months	**No PIP**		*Not Applicable*	*Not Applicable*
Placement Stability	**PIP**	**23B24A**	**5.02**	**4.50**

Statewide Data Indicator Explanatory Data Notes:

1 *Statewide Data Indicator*: See CFSR Round 4 Statewide Data Dictionary for measure description and information.

2 *PIP Status*: Determination is made by the CB based on the state's RSP as specified in the CFSR Final Report and State Data Profiles issued after the Statewide Assessment and before CB approval of the PIP.

3 *Baseline 12-Month Reporting Period*: Baselines for Final Reports transmitted between March 1 and August 31 will use the most recent 12-month reporting periods in the preceding February profile. Baselines for Final Reports transmitted between September 1 and February 28/29 will use the preceding August profile. Due to the transition to AFCARS 2020, data profiles may be delayed and/or states may be reissued a data profile if a state submits corrected data. In either instance, the designated 12-month reporting period used for baselines will remain the same.

4 *Baseline Observed Performance*: The baseline is the observed performance (percent or rate) for the baseline 12-month reporting period for each indicator.

5 *Observed Performance Goal*: Established by the CB using an improvement factor based on the state's past 3 years of observed performance. For a complete description of the methodology used to establish improvement goals, see CFSR Technical Bulletin #13A.

Case Review Items

Measurement Period 1 (Baseline) Case Review Period[1]: April 2025 – June 2025

Case Review Item Measure Information

Texas has two pathways to achieve the required amount of improvement for a case review item measure. Achievement of the required amount of improvement is determined by whichever pathway is achieved first. The first pathway is to meet or exceed the sustained improvement goal in any three measurement periods. The second pathway is to meet or exceed the high-performance value in any single measurement period.

To determine that a PIP measurement goal is met using case review data, the following measurement criteria must be met: (1) Childrens Bureau confidence in the accuracy of results, (2) significant changes not made to the case review schedule, (3) the minimum number of applicable cases reviewed that were required for each item, and (4) the distribution/ratio of cases from Measurement Period 1 (baseline) maintained: A +/-5% tolerance is provided to the proportion of cases reviewed in the metro site or site with the largest case population and by case type when comparing Measurement Period 1 (baseline) with subsequent measurement periods.

Table 2A–1. Safety Outcome 1: Case Review Item Measure Information—Aggregate Measure

CFSR Items Requiring Measurement[2]	PIP Status: PIP or No PIP[4]	12-Month Baseline Reporting Period[3]	Number of children requiring face-to-face contact [3]	Number of children who received face-to-face contact within required timeframes[3]	Measurement Period 1 (Baseline) Performance[7]	Item 1 Aggregate Measure Goal[10]
Item 1 (Aggregate Measure): Timeliness of Initiating Investigations of Reports of Child Maltreatment[3]	PIP	04/01/2023 – 03/31/2024				-

Item 1 Measure: Texas is using state aggregate data as measurement approach for Item 1. Measurement for Item 1 is limited to face-to-face contact with alleged child victims for investigations and principal children for Alternative Response based on statewide data. State provided aggregate data for the baseline period April 1, 2023, through March 31, 2024. Baseline calculation reflects statewide performance for Priority 1 Investigations (Child seen within 24 hours), Priority 2 (Child seen within 72 hours), and Alternative Response Assessments (Child seen within 120 hours). Note: Hours are not limited to “business hours” and are counted regardless of whether they involve a business day, after hours, weekend, or holiday. Performance does not account for delays outside of the agency's control.

Table 2B. Safety Outcome 2: Case Review Item Measure Information

CFSR Items Requiring Measurement[2]	PIP Status: PIP or No PIP[4]	Number of Applicable Cases[5]	2% Tolerance Applied to Applicable Cases[6]	Number of Cases Rated as a Strength	Measurement Period 1 (Baseline) Performance[7]	Sustained Improvement Goal[8]	High- Performance Value[9]
Item 2: Services to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	PIP						
Item 3: Risk and Safety Assessment and Management	PIP						

Table 2C. Well-Being Outcome 1: Case Review Item Measure Information

CFSR Items Requiring Measurement[2]	PIP Status: PIP or No PIP[4]	Number of Applicable Cases[5]	2% Tolerance Applied to Applicable Cases[6]	Number of Cases Rated as a Strength	Measurement Period 1 (Baseline) Performance[7]	Sustained Improvement Goal[8]	High- Performance Value[9]
Item 12: Needs and Services of Child, Parents, and Foster Parents	PIP					-	-
Item 13: Child and Family Involvement in Case Planning	PIP					-	-
Item 14: Caseworker Visits With Child	PIP					-	-
Item 15: Caseworker Visits With Parents	PIP					-	-

Case Review Explanatory Notes:

1 *Measurement Period 1*: Identifies the dates on which case reviews were conducted to establish baselines and goals.

2 *CFSR Items Requiring Measurement*: For a description of the case review item and rating criteria, see the CFSR Onsite Review Instrument and Instructions.

4 *PIP Status*: Determination is made by CB based on the state's CFSR onsite case review performance as specified in the CFSR Final Report.

[5] *Number of Applicable Cases*: Number of cases reviewed that were applicable to (rated for) each item. The number shown is for Measurement Period 1 (baseline). A minimum of 33 applicable cases per case review item are required for the baseline period. The number of applicable cases reviewed for each item must be equal to or greater than the baseline number of applicable cases to evaluate goal achievement for ongoing measurement.

[6] *2% Tolerance Applied to Applicable Cases*: A 2 percent (-2%) tolerance is applied to the number of cases reviewed for the baseline period to establish the minimum number of cases required in each measurement period to evaluate goal achievement.

[7] *Measurement Period 1 (Baseline) Performance*: Calculated by dividing the number of Strength ratings for the item by the total number of applicable cases reviewed for that item during Measurement Period 1; is expressed as a percentage.

[8] *Sustained Improvement Goal*: Established by the CB using a scaling factor based on the state's baseline performance and percentage of applicable cases that would equal a CFSR Strength rating adjusted by 25%. The value is expressed as a percentage, rounded up to the nearest whole number, and capped at the percentage of applicable cases that would equal a CFSR Strength rating. The amount of improvement required is achieved by meeting or exceeding the sustained improvement goal in any three measurement periods.

[9] *High-Performance Value*: Established by the CB using a scaling factor based on the state's baseline performance and percentage of applicable cases that would equal a CFSR Strength rating adjusted by 50%. The value is expressed as a percentage, rounded up to the nearest whole number, and capped at the percentage of applicable cases that would equal a CFSR Strength rating. The amount of improvement required is achieved by meeting or exceeding the high-performance value in any single measurement period.

[10] Item 1 State Aggregate Measure Goal: Established by the CB using a scaling factor based on the state's baseline performance and a maximum amount of improvement of 3%. The value is expressed as a percentage, rounded to the nearest tenth of a percent, and capped at the percentage of applicable cases that would equal a CFSR Strength rating. The amount of improvement required is achieved when a state meets or exceeds the item measurement goal in any single 12-month measurement period following Measurement Period 1 (baseline).

For a complete description of measurement requirements, measures, and methodologies to establish and meet the required amount of improvement, see CFSR Technical Bulletin #13A.

* Case Review Sampling Methodology

A. PIP Measurement sites and explanation of how these align with PIP implementation sites: [List PIP Measurement sites and explain how they align with PIP implementation sites]

Texas PIP measurement sites will be statewide, with measurement of cases from each region, as indicated in the first column of the chart below. This chart also explains the breakdown of number of CFSR cases to be reviewed from each site and the breakdown of case types. Almost all strategies identified in the PIP will be implemented statewide.

The quarterly sample for the onsite case review period is requested from the DFPS Office of Data and Systems Improvement through the Data Request Intake Tracking (DRIT) process. The quarterly sample is stratified to include every region and subregion (as of Spring 2025) in Texas. If the Community Based Care expansion results in further subdivision of one of the fourteen regions, the subdivision will not be further stratified during the PIP period. Within each region a random sample is drawn from the region's universe of cases, regardless of whether the services are provided by DFPS Legacy staff or a Single Source Continuum Contractor (SSCC) staff. SSCC refers to a Community Based Care provider that the agency contracts with to provide case management and services to youth in foster care and their families.

The DRIT will reflect a state ratio of foster care and in-home cases (60% foster care and 40% in-home cases), meeting the minimum requirements for both case types. For a quarterly review process this equals 51 in-homes cases and 79 foster care cases, for a total of 130 cases during the Onsite review from a statewide sample. The ongoing case review process will mirror this protocol each quarter. The Onsite review will consist of a 7-to-9-month period under review. In Texas, the foster care cases are sometimes referred to as conservatorship or substitute care (CVS) cases and the in-home cases as Family-Based Safety Services (FBSS) and eligible Alternative Response (AR) cases.

Texas distributed the appropriate Quality Assurance Specialists across the state in the CFSR Round Four process. The sample is stratified through equal distribution of cases based on regional caseload size – smaller regions (6 cases) or larger regions (12 cases), except for region 8A (16 cases), whose case distribution is the largest. Bexar County has the largest caseload, not population. Per the August 2024 Supplemental Context Data, Bexar County has the largest number and proportion of children entering foster care. Per the CPS Data Book for State Fiscal Year 2024, Bexar County has the largest number of unique children in DFPS conservatorship (followed by Harris, Dallas, Tarrant, and Bell counties). Bexar County also has the largest number of removals (followed by Dallas, Tarrant, Harris, and Bell counties). Texas Child Centered Care (T3C) credentialling has begun with large Child Placing Agencies serving children in the largest urban areas.

The sample is set up this way to ensure none of the 254 counties are eliminated from the universe. The stratification includes the 14 regions which align with regional management structures:

CFSR Regions	Size	Foster Care	In-Homes	Total Cases
1 (Lubbock)	Small	4	2	6
2 (Abilene)	Small	4	2	6
3W (Fort Worth)	Large	7	5	12
3E (Dallas)	Large	7	5	12
4 (Tyler)	Small	4	2	6
5 (Beaumont)	Small	4	2	6
6A (Houston)	Large	7	5	12
6B (Houston Surrounding Counties)	Large	7	5	12
7 (Austin)	Large	7	5	12

CFSR Regions	Size	Foster Care	In-Homes	Total Cases
8A Bexar (San Antonio)	Largest	9	7	16
8B (San Antonio Surrounding Counties)	Small	4	2	6
9 (Midland)	Small	4	2	6
10 (El Paso)	Small	4	2	6
11 (Edinburg)	Large	7	5	12
		79	51	**130**

B. Length of each measurement period (e.g., month, quarter, 6 months): Quarter

C. Fill out Table 3 to identify the sites, case review dates, and number/percent of cases to be reviewed by case type and site (sample stratification) for Measurement Period 1 (baseline period). If the number of cases will increase in subsequent measurement periods, add more tables to identify this information for those periods:

Table 3: Case Review Schedule for Measurement Period 1 (Baseline)

Sites	Dates*	Foster Care Cases	In-Home Services Cases	Total Cases
Statewide*	4/1/2025-6/30/2025	79	51	130
Total		79	51	130

*See table above showing the stratified distribution of cases statewide by Region/Sub-Region. Texas plans to accomplish the quarterly case reviews with a goal of completing 40 cases in first month of the PUR, 50 cases in the second month of the PUR and 40 cases in the final month of the PUR. Quality Assurance Specialists will alternate between reviewing foster care and in-home cases from the sample.

Note: The schedule will be replicated until all case review goals are achieved or the end of the Post-PIP Evaluation Period, whichever date occurs first.

D. Sampling Approach:

☐ Rolling Monthly ☐ Rolling Quarterly **X** Fixed ☐ Other:

E. Length of Period Under Review (PUR): [insert length of PUR]: 7 - 9 months

F. Sampling Periods and PUR Dates:

Table 4. Measurement Period 1 (Baseline) Sampling Periods and PURs

Case Review Period *When case reviews will be conducted*	**Sampling Periods*** *Time period cases are drawn from*	**Period Under Review (PUR)** *Identify dates using first day of sampling period to date of review*
3rd Q FFY 25 April, May, and June 2025	09/01/2024 - 02/28/2025 Foster Care and In-Home cases	01/2024- to date case was closed or submitted to 1st level QA, whichever comes first.

Note: The dates in the table will be replicated until all case review goals are achieved or the end of the Post-PIP Evaluation Period, whichever date occurs first, by advancing sampling periods and PURs for each case review period at the interval shown in the table. Texas will not opt to use the 45 additional days for In-Home sampling.

G. Description of foster care case population:
- Includes children that have a foster care episode for at least 24 hours during the sample period.
- Excludes children who turned 18 prior to the sampling period.
- Excludes children whose only placement setting during the 6-month sampling period was a Trial Home Visit.

When pulling the foster care sample, the following information will be included:
- AFCARS encrypted record number for each child
- Federal Information Processing Standards (FIPS) code
- CFSR site identifier
- AFCARS data elements: child's date of birth, date of latest removal from home, date of placement in current foster care setting, current placement setting, and date of discharge (as applicable)

H. Description of in-home services case population:
- Includes cases open into FBSS stage for 45 consecutive days during the sample period.
- Includes eligible (cases utilizing Title IV-B funds) Alternative Response cases open for 45 consecutive days from date the case was initiated in Alternative Response.
- Includes substitute cases with children whose only placement setting during the 6-month sampling period was a Trial Home Visit, and that Trial Home visit spanned at least 45 consecutive days from the start of the sampling period, and no other child/ren in the family had a foster care episode of 24 hours or more at any point during the sampling period.
- Includes Juvenile Justice cases open for FBSS services that meet the above criteria.

When pulling the in-homes sample, the following information will be included:

- Unique numerical identifier for each family
- Federal Information Processing Standards (FIPS) code
- Corresponding regional identifier
- Case open date, case closure date (as applicable)
- Case type/sub case type, as applicable
- For family cases with a child(ren) placed in a Trial Home Visit (THV) setting child(ren)'s AFCARS encrypted record number, date of latest removal from home, date of placement in current setting, current placement setting, and date of discharge (as applicable). For more information, see CB guidance for Trial Home Visits.

I. Case elimination criteria— Federal criteria:

- An in-home services case open for fewer than 45 consecutive days during the PUR
- An in-home services case in which any child/youth in the family was in foster care for more than 24 hours during the PUR
- An in-home services case in which a child was on a trial home visit (THV—placement at home) at the start of the sampling period and the THV was fewer than 45 consecutive days
- A foster care case in which the child/youth was in foster care for fewer than 24 hours during the sampling period
- A foster care case in which the target child/youth reached the age of 18 before the PUR
- A foster care case in which the selected child/youth is or was in the care and responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact on the Placement of Children (ICPC) agreement
- A foster care case in which the child's/youth's adoption or guardianship was finalized before the PUR and the child/youth is no longer under the care of the state child welfare agency
- A foster care case in which the child/youth was placed for the entire PUR in a locked juvenile facility or other placement that does not meet the federal definition of foster care
- A case open for subsidized adoption payment only and not open to other services
- A case that was discharged or closed according to agency policy before the sample period
- A case appearing multiple times in the sample, such as a case that involves siblings in foster care in separate cases or an in-home services case that was opened more than one time during the sampling period(s)
- A case reviewed in the past 12 months

The following cases are subject to review unless extenuating circumstances warrant exclusion as discussed and agreed to by the CB:

- Cases involving administrative, civil, or criminal litigation
- Cases involving current or former employees of the child welfare agency and contracted provider agencies

State-Specific Case Elimination:

Criteria for All Cases

- Cases will be eliminated if more than one case is from the caseload of a single caseworker within a single measurement period.

- Cases will be eliminated if key participant interviews (face-to-face or telephonic) cannot be arranged, or interviewees are not available. All cases must include at least one external stakeholder interview to remain in the sample. See the Stakeholder Interview section below for further details on eliminations due to lack of key interviews.

Criteria for CVS/Foster Care Cases

- A case in which the child was on runaway status for the entire PUR, and, after further assessment, the child's whereabouts is truly unknown, there is a lack of sufficient information in the case record, and a lack of stakeholder interviews needed to rate the case on practice. Note: As discussed, and approved by the Children's Bureau, prior to exclusion, the Division Administrator will review and approve/deny these cases for elimination. This case will be included in the case elimination spreadsheet that will be submitted quarterly.

Criteria for In-Home Services cases

- An Alternative Response case open for services fewer than 45 days.
- A case in which any child in the family was in foster care for more than 24 hours during the period under review.
- A case that was opened more than one time during a sampling period. For FBSS cases opened more than one time on the same family during the sample period, the first case on the list is reviewed and subsequent cases are eliminated. However, all cases open on the family during the PUR are rated per the federal instrument instructions. The FBSS sample frame is an unduplicated list of family cases.
- A case in which the worker, supervisor and family all considered the case to be closed in a certain month as evidenced by the last narrative, but the case remained open in IMPACT longer than one month from that date during the PUR with no active casework. These are cases that have been approved by a supervisor to be closed and the family has been notified of case closure but has remained open on the computer system due to the need for the caseworker to complete final documentation tasks for case closure. Note: This does not include cases which are open, yet do not have active casework due to lack of effort by the agency; those cases will remain in the sample.

J. Approach to meet minimum applicable case criteria for each item: Texas will have an oversample of cases for both foster care and in-home cases for each measurement period of the PIP. Texas will monitor the minimum amount of applicable case criteria, established through the baseline review with a -2% tolerance, throughout each measurement period. If a minimum case criterion is not met, Texas will screen through the random ordered oversample and select the first case that is applicable to one or more of the items for which the state is short of applicable cases and review the case for only the item(s)the state is short applicable cases and will stop reviewing when the minimum applicable count is reached. When selecting additional cases for review, the state will maintain case type and metro proportions to be within +/- 5% of baseline proportions. Texas will work with the OMS Help Desk in advance of beginning any PIP measurement item-only cases to coordinate timing for the OMS functionality to be disabled and enabled so cases without the OSRI completed in its entirety can be submitted and finalized through OMS. Texas will have a goal of completing these cases within two weeks, and no later than 1 month, from the end of a measurement period. This will be monitored throughout all the reading periods to ensure the minimum applicable case criteria is met.

K. Identify all Measurement Periods through the end of the Post-PIP Evaluation Period [insert additional rows in Table 5 as needed]

Sampling and Review Periods

The following are sampling and reading periods for CFSR 4 PIP Measurement Periods. Each Sampling Period includes a six-month period. Period Under Review (PUR) will be 7 - 9 months, depending on date of case opening and case review month. The PUR begins with the start of the Sampling Period and continues through the Case Review Date and/or date of case closure, whichever date is earliest.

Table 5: PIP Measurement Period Information

Measurement Period	Case Review Period	PUR Start Dates
1	April, May, June 2025	09/01/2024
2	July, August, and September 2025	12/01/2024
3	October, November, and December 2025	03/01/2025
4	January, February, and March 2026	06/01/2025
5	April, May, and June 2026	09/01/2025
6	July, August, and September 2026	12/01/2025
7	October, November, and December 2026	03/01/2026
8	January, February, and March 2027	06/01/2026
9	April, May, and June 2027	09/01/2026
10	July, August, and September 2027	12/01/2026

Note: All case reviews must be completed by the end of the Post-PIP Evaluation Period, including cases reviewed to meet minimum applicable cases.

The review schedule will be replicated through the end of the Post-PIP Evaluation Period, creating additional measurement periods to provide 3.5 years of measurement from the start of the PIP Implementation Period.

L. Case Review Procedures

- Ensure accurate and consistent application of the federal On-Site Review Instrument (OSRI)
- Address and document application of case elimination criteria and the Children's Bureau consultation/review/approval process
- Avoid conflicts of interest for reviewers and quality assurance team members when assigning cases
- Conduct case-related interviews of key informants on every case to inform the ratings, including the following individuals: child (if school-age and developmentally appropriate), parents, caregiver/foster care provider, and caseworker or supervisor
- Follow a written protocol for acceptable case-specific exceptions to conducting case participant interviews
- Ensure accurate and consistent case review ratings, including training for case reviewers and those conducting quality assurance activities

- Ensure consistency of ratings across multiple sites and reviewers, and third-party (i.e., someone who has not reviewed the case) quality assurance of cases reviewed for accuracy of ratings in accordance with the federal OSRI
- Address safety concerns identified in a case under review

Addressing Conflict of Interest

If a Quality Assurance Specialist or Leader has been previously associated with a case, either personally or in a direct contact, supervision, oversight, or consultation for the case being reviewed, they do not complete the case review or conduct quality assurance on the case. The case would be out-assigned to another region for review.

If the Quality Assurance Specialist has been previously associated with a case, the Quality Assurance Leader will reassign the case for review to another Quality Assurance Specialist. If the Quality Assurance Leader has been previously associated with a case, they will notify the Team Lead, Program Specialist, and Division Administrator of the conflict and the case for review will be reassigned to another unit for review. For cases designated as sensitive, the Quality Assurance Leader will screen the case to determine if it should be reviewed outside of that region. The sensitive designation for a case is not grounds for elimination, but rather assignment to a different reviewer.

Any individuals having a conflict of interest will not participate in any team or reviewer debriefing of the case. All division staff review and sign a conflict-of-interest agreement upon hiring into the division.

Notifying the Regions

There are fourteen regions or catchment areas in the state with each regionally assigned Quality Assurance Leader or Quality Assurance Specialist having responsibility for notifying regional or SSCC staff by email of the cases selected for review during the forthcoming quarter. Although there is slight variation as to who sends the notification and the format of the correspondence, the process is parallel for all regions. The notification includes a request that the information be shared with additional staff as needed. The notification includes information as to how regional/SSCC staff should prepare for the case review including having documentation and case filing current and the necessity of interviews for caseworkers, supervisors, and stakeholders. Regional/SSCC staff are notified of the need to send the external case file as needed to the Quality Assurance Specialist for review or the timeframe in which the reviewer will examine the file in person by going to the local CPS office when travel allows. Though cases are screened prior to the notification of the review, periodically a case must be substituted later in the quarter because of further reading and discovery that the case does not meet the criteria for review. In these instances, notification of the change is the same as the original notification process.

Case Review Process

For in-home services cases, there is no target child and information is reviewed for the parents and all children in the home. For CVS/Foster care cases, the parents' and the target child's records are reviewed. The first step in the review process is to examine the record in IMPACT for all entries including investigations, contacts, plans of service, legal entries, medical appointments, schools attended, and other areas needed to gather pertinent information that occurred for the case during the PUR. Once the review of IMPACT is complete, the Quality Assurance Specialist reviews the external case file for any documents that are not available for review in the IMPACT system. Examples

include court reports and other legal documents, medical reports, psychological evaluations, caregiver reports, therapist's notes, letters, any other external documentation that was not generated through IMPACT, and a review of STAR Health Passport.

Stakeholder Interviews

In preparation for interviews and while working through the case, the reviewer develops a list of questions for stakeholders, to include any issues that may be missing or unclear in the documentation. The interviews begin with an explanation of the purpose of the interview, with the following script to guide the Quality Assurance Specialist through the introduction and to explain the CFSR process:

"My name is ____ and I am a Quality Assurance Specialist with the Child Protective Services, or CPS. I conduct case reviews using a federal review instrument as a part of the Child and Family Services Review process. This process focuses on the Safety, Permanency and Well-being of children and families receiving services through CPS. This is a process that is required by federal law and is done in every state in the US. The purpose of this review is to evaluate and improve the services provided by CPS. Interviews are an important way to learn how well we have been doing this.

Cases are randomly selected for this review. I am interested in what your view is about your experiences. Your input will provide important information for improving the quality and appropriateness of services offered. Your decision to participate in this process is completely voluntary and will not affect your relationship with CPS or the outcome of the case if it is still open.

We appreciate this opportunity to speak with you. Your input is very important and will be used to improve services for children and families all across Texas. Do you have any questions before we get started?"

The interviews start with the Quality Assurance Specialist asking open-ended, general questions about the case, to get the stakeholder's input about the case situation. Then the Quality Assurance Specialist begins to narrow down to specific questions needed to rate the review instrument from the review of IMPACT and the case file. The interview concludes with the Quality Assurance Specialist asking the stakeholder if there is any other information, he or she would like to share that wasn't already covered. The Quality Assurance Specialist interviews anyone who may provide pertinent information to the case review. Interviews for all case types include but are not limited to:

- Caseworker
- Supervisor
- Parents and step-parents – Parents with Rights Terminated: If the parents' rights were terminated prior to the PUR, they will likely not be interviewed. We typically do not interview the parent(s) with rights terminated unless CPS continues to work with the parent(s) past termination of rights. However, on a case-by-case basis, reviewers can decide if parents with terminated parental rights may be interviewed.
- Primary caregiver with whom the child resides, including foster/adopt, relatives and parental child safety placements.
- Child(ren), if age-appropriate and developmentally able to understand the purpose of the interview and participating in the interview will not cause the child trepidation. In general, we advise Quality Assurance Specialist to hold interviews with children aged 6 and older, providing the interview will not be detrimental to the child's emotional well-being, and the child's developmental level is appropriate for such an interview. Interviews with children are discussed with the caregivers and caseworker prior to being held.
- Tribal representative if the child qualifies under the Indian Child Welfare Act.
- Service providers, such as therapists, daycare staff, and physicians

- CASA, attorneys, or and any other stakeholder who can provide needed information
- Please reference the federal CFSR procedures manual, chapter 5, pages 33-35 for more in-depth information regarding interviews.

Interviews are conducted in person, virtually through a platform like TEAMS, or by phone for the quarterly review. After two phone call attempts with caseworkers, who are mobile and often not easily reached via phone, the Quality Assurance Specialist may send detailed emails with specific case questions as their third attempt to interview the caseworker in the stakeholder role. A full interview will not be conducted via email but rather used to engage staff in scheduling an interview or to gather subsequent information. The phone call attempts must be documented if an email interview is successful. Requests for caseworker interviews will be sent directly to the caseworker, not jointly with supervisors. Supervisors may be contacted if a Quality Assurance Specialist is unsuccessful in reaching a caseworker or for assistance in locating the caseworker.

Interviews with family members involved with the cases, including parents and children, are a critical piece of the CFSR process. Quality Assurance Specialists are expected to make at least three attempts to contact a stakeholder before saying an interview attempt was unsuccessful. Attempts must be made on different days. If it appears that the phone number listed in IMPACT for a stakeholder is not current or is no longer a working number, the Quality Assurance Specialist will contact the worker or supervisor to see if a current phone number is available. Letters will be mailed requesting an interview if there is a valid address for the family. If these attempts are unsuccessful, the Quality Assurance Specialists will make efforts to contact additional appropriate stakeholders to gather the information. Quality Assurance Specialists are expected to work with their Quality Assurance Leaders during this process to secure stakeholder interviews. If the Quality Assurance Specialist is ultimately unable to contact a needed external stakeholder, the Quality Assurance Specialist will analyze available information and staff the case with the Division Administrator for Federal and Program Improvement Review to determine if there is enough information from other stakeholder interviews and the case file to continue with a review, or if the case should be eliminated. Cases needing approval to stay in the sample include but are not limited to the following: an in-homes case where no parent involved in the case is interviewed, a foster care case where no parent was interviewed when parental rights have not been terminated, a foster care case where the target child who was age 6 or older was not interviewed, and any case where there is only one external stakeholder interviewed despite attempts to seek interviews from other stakeholders. With the approval of the Division Administrator (or appointee in the Division Administrator's absence), cases may stay in the sample that have at least two stakeholder interviews, with no more than one interview being with case-specific staff. In-homes cases need to include at least one interview from someone who can represent the family's experience in the case, such as a Parent-Child Safety Placement or a relative who provided supervision of parent-child interaction. Children involved in the case will also be sufficient to keep the case in the sample. If a case is approved by the Division Administrator to remain in the sample without any key family interviews, the Quality Assurance Specialist will document their attempts to reach any stakeholders that were ultimately unsuccessful in the Face Sheet, Interview Comments. Cases that are not approved to stay in the sample will be submitted for elimination and an over-sample replacement case will be required.

Potential exceptions to conducting interviews:

• Preschool-age children
• Parents who cannot be located despite the agency's demonstrated efforts to locate them
• Parent living outside of the United States for whom, despite the agency's demonstrated efforts, it is determined that the parent is not accessible by phone or video
• Cases with a safety or risk concern in contacting any party for an interview

- Any party who is unable to consent to an interview due to physical or mental health incapacity
- Any party who refuses to participate in an interview and for whom the agency can document attempts to engage
- Any party who is advised by an attorney not to participate due to a pending criminal or civil matter
- Any party involved in a pending criminal or civil matter before a court or agency, or their legal representative, who believes they could be negatively affected by participation

Unacceptable exceptions to conducting an interview:

- An age cut-off that does not consider a child's developmental capacity, e.g., a policy of not interviewing children under age 12
- A party who has not been located and the agency has not made attempts to locate the individual
- A party who speaks a language other than English

Safety Concerns

If a Quality Assurance Specialist identifies a safety concern to a child or family member during the review process that is immediate in nature, the Quality Assurance Specialist is instructed to call Statewide Intake at 1-800-252-5400 to make a report and/or to call 911 if the Quality Assurance Specialist has discovered an emergency. If the Quality Assurance Specialist does not feel the safety concern is immediate, the Quality Assurance Specialist is instructed to staff the situation with his/her Quality Assurance Leader, who will then staff it with the Division Administrator. A plan of action is developed that always includes notifying the chain-of-command if the case is still open, with an email detailing the concerns noted and the reasons for the concern. The Quality Assurance Leader will follow-up with the highest-level staff person on the email to ensure the email was read and can then also provide any follow-up information needed.

Data Entry

For CFSR Round 4 case reviews, to include onsite case review, the CPS Federal and State Quality Assurance Division will use the federal OMS portal to enter the case reviews for federal monitoring.

The Quality Assurance Specialist reviews assigned cases and enters information into CFSR OMS portal at differing levels of the case reading process. Though there are style differences in how reviewers enter data into the database, the basic process remains consistent statewide. For example, some Quality Assurance Specialists prefer to go through and complete individual items as they discover the information in the review process. Others review the entire case, conduct stakeholder interviews, and then enter data for the case in its entirety. Primarily, reviewers begin by reading an assigned case, taking notes as they read and entering data into the database as they go along for those items in which they have no questions or concerns. Items in which the reviewer needs additional information are left blank, until such time that the reviewer is able to examine the external file and conduct stakeholder interviews.

Pending obtaining needed information to complete a case review, a Quality Assurance Specialist will begin the review of another case following procedures as noted above. The expectation is a Quality Assurance Specialist will submit a case review to their Quality Assurance Leader within two weeks of beginning the review.

Case Review Quality Assurance

Every ongoing quarter, the Quality Assurance Leaders, State Office Team Lead and Program Specialist conduct quality assurance reviews

of the cases read by the Quality Assurance Specialist. Each Quality Assurance Leader will review 4-5 cases per Quality Assurance Specialist. The Team Lead and Program Specialist will each review one case per Quality Assurance Specialist. The Division Administrator will provide between 1-2 second level quality assurance reviews for each Quality Assurance Leader, the Team Lead and the Program Specialist.

During the CFSR Round 4 baseline and subsequent quarters, the Quality Assurance Leaders, State Office Team Lead, Program Specialist and Division Administrator will provide a quality assurance review of 100% of the cases reviewed. First level quality assurance will be conducted on 100% of cases reviewed by the Quality Assurance Leaders and 2nd level quality assurance will be conducted on 40% of all cases reviewed by the Division Administrator, State Office Team Lead, and Program Specialist. A formal plan to complete quality assurance Is sent out by the CFSR Team Lead each quarter, to spread the quality assurance completion among the entire quarter.

Both first and second level quality assurance is conducted as follows:

- Each Item is reviewed to ensure that the sub-question answers are correctly calculated into the item's rating and are supported by the justification.
- Each Outcome is reviewed to ensure that the Items are correctly calculated into the Outcomes rating.
- Every rating justification is reviewed to ensure that it clearly and thoroughly justifies the rating assigned to the Items and is accurately rated based on the rating instructions. This also assesses for any Items that may have been inadvertently assigned a rating that does not match the rating justification, for example a mis-click in the online tool.
- Any Items or Outcomes that are not clearly or fully justified are brought to the attention of the Quality Assurance Specialist for discussion.
- Individual case scenarios from quality assurance review may be included on the next monthly Team Call for inter-rater reliability purposes.

All quality assurance feedback will be provided and entered in OMS. The quality assurance process adds to both the confidence in the accuracy of the ratings and inter-rater reliability among the Federal and State Quality Assurance Division. If the team cannot agree on a rating for a particular case scenario the situation is staffed with the Division Administrator and/or Director for a final decision. Team FAQs are updated as needed following quality assurance review discussions, Children's Bureau related guidance, and OSRI instructions.

Court/Judicial Review of Items 5 and 6 (Non-PIP Measurement Items)

In continued collaboration with the Children's Commission involvement in Round 4, Jamie Bernstein, Executive Director of the Children's Commission, or her designee will review CVS cases on an ad hoc basis. Cases may be selected at the discretion of the Federal and State Quality Assurance Division, due to questions or themes related to Items 5 and 6. Cases may also be reviewed by Children's Commission representatives to strengthen the understanding of the casework protocols or the case review process.

Training New Quality Assurance Specialists

The first step in training is to orient the employee about the Quality Assurance Specialist position and to help the Quality Assurance Specialist gain an understanding of the Child and Family Services Review process. The Quality Assurance Specialist is given a Federal and State Quality Assurance Division Training Manual that is used as the internal training curriculum that contains the most recent On Site Review

Instrument and tools that have been developed to use in conjunction with the process such as; the Case Rating Summary Rating Criteria, Children's Bureau Child and Family Services Reviews Item-By-Item Quality Assurance Review of the Main Reason for Rating Statement, the Frequently Asked Questions (FAQ) document that has been compiled from previous case readings, Case Reading Process, General Stakeholder Questions, and other emails clarifying case reading questions. The training manual also includes forms created for notetaking while reviewing a case file and other helpful suggestions about the process. The Quality Assurance Specialist is given time to read the materials to become familiar with the concepts. It is shared that the purpose is not to commit every item or instruction to memory but that as he or she begins to apply principles, best practice is to always refer to the On-Site Review Instrument for guidance and direction when rating. The Quality Assurance Specialist is informed of the CFSR page on the DFPS intranet which provides resources and to the CFSR online database for examples of case review documentation elements.

After reviewing all curriculum materials, the second part of the training entails the Quality Assurance Specialist completing any OMS trainings that are available to include Round 4 specific trainings and mock cases through the CFSR E-Learning Academy. The next part of the training entails the Quality Assurance Leader or another tenured Quality Assurance Specialist meeting with the new Quality Assurance Specialist to go over the On- Site Review Instrument in its entirety to assist in the interpretation of the guide language and share more insight. The Quality Assurance Specialist is shown the database, how to enter a review as well as how to generate reports. Our curriculum contains detailed database instructions which are used during this process. The meeting with the Quality Assurance Specialist includes a discussion about the Period Under Review (PUR) and case reading process itself, with the Quality Assurance Specialist being referred to the document "Case Reading Process" to use as a guide until he or she develops a routine that works best. The Quality Assurance Specialist is also encouraged to talk with other Quality Assurance Specialist across the state to get tips and feedback. The Quality Assurance Specialist is informed about access to the Health Passport, the childcare licensing computer system and other DFPS systems available for the case reviews.

The Quality Assurance Specialist is then assigned a CVS case to read independently while the Quality Assurance Leader reviews the same case. The Quality Assurance Leader completes the case interviews while the Quality Assurance Specialist observes or will complete and provide the information to the Quality Assurance Specialist. Once completed the case reading results are compared and reviewed with the Quality Assurance Specialist. This process is then duplicated with a FBSS case. The process continues until the Quality Assurance Leader assesses the Quality Assurance Specialist is ready to begin reviewing independently. All cases assigned to the new Quality Assurance Specialist in the first quarter of their tenure are reviewed for quality assurance and debriefed with him or her. This 100% review continues until the Quality Assurance Leader determines the Quality Assurance Specialist no longer needs that level of support. Ongoing curriculum includes notes and documents from the regular all team calls and inter-rater reliability exercises that are described below. All FSQA Staff have access CPS policy handbook online and will be informed of any policy updates that affect relevant OSRI items.

Training New Quality Assurance Leaders

There are five regionally based Quality Assurance Leaders within the CPS Federal and State Quality Assurance Division. Quality Assurance Leaders are knowledgeable of the CFSR Guide, related federal standards, Texas CPS Policy and other related laws and policy. The Quality Assurance Leaders are responsible for:

- Training and supervision of the assigned Quality Assurance Specialist to ensure reliability and consistency between team member's ratings; the assignment and the accurate rating and completion of the assigned Child and Family Service Review (CFSR) sample.
- Collecting, analyzing, and reporting of CFSR case reading results to the Division Administrator of Federal and State Quality

Assurance Division, Regional and State Office staff and the monitoring of CFSR Program Improvement Plan (PIP) within the Region to support the State's completion of the PIP.

- Assisting and responding to regional staff inquiries on CPS Policy interpretations to broaden staff understanding of CPS Policy, federal standards which will result in improved caseworker practices and outcomes to families and children.
- Ongoing training of assigned staff as well as responding to regional training needs and requests related to CFSR standards.
- Supporting the CFSR Federal Review process.

New Quality Assurance Leaders are provided direction and feedback from the Division Administrator (DA) of Federal and State Quality Assurance Division, as well as the CFSR Team Lead and Program Specialist. New Quality Assurance Leaders are assigned a Peer Quality Assurance Leader Mentor, and all other Peer Quality Assurance Leaders are available for support and training. New Quality Assurance Leader observations of Peer Quality Assurance Leader practices such as Regional Debriefings and CFSR Presentations to Regional Management help strengthen Quality Assurance Leader development.

The Quality Assurance Leader must be knowledgeable of the three Domains (Safety, Permanency and Well- Being) and their relationship to the Outcomes and related Items for the CFSR. They are provided all the training materials as new Quality Assurance Specialists are, as described in the section above. Their training on the OSRI is similar to new Quality Assurance Specialist training, with the exception that they co-read with CFSR State Office staff or peer-Quality Assurance Leaders. The Team Lead provides Guidance on CFSR first and second Level QA process and conducts paired QA exercises along with the new Quality Assurance Leader to ensure adherence to QA practices/guidelines, prior to the new Quality Assurance Leader conducting quality assurance reviews on their own. The Quality Assurance Leader completes all CFSR E-Learning Academy courses to include courses related to case review and quality assurance.

Quality Assurance Leaders will participate in ongoing inter-rater reliability exercises among team members through All Team Calls and meetings to further develop their knowledge of the OSRI. In addition, Quality Assurance Leaders will conduct inter-rater reliability exercises with their staff individually and within their own team meetings. The Division Administrator may appoint the CFSR Team Lead, Program Specialist, or a Peer Quality Assurance Leader to participate and shadow inter-rater reliability activities for a period as the Quality Assurance Leaders acclimate to their job duties.

At a minimum, during the first full quarter of the Quality Assurance Leader’s tenure in the position, the Quality Assurance Leader is mentored or assigned a mentor by the Division Administrator while he or she learns the CFSR OSRI and begins to supervise assigned staff and manage the quarterly case reading assignments. For Quality Assurance Leaders without prior supervision experience, all general HHSC and related CPS Supervisor/Manager Training will be assigned.

High Quality Rating Rationales

All members of the division receive training on applying the guide and writing high-quality rationale statements. This training includes all training available on the CFSR E-Learning Academy portal. A Rationale Statement is a short, essay-like narrative that provides case-specific details that address all rating-related questions, or Rating Criteria, within an item so the reader can fully understand how the overall rating for that item was determined. The primary purpose of a Rationale Statement is to explain and justify the item’s rating.

For staff completing quality assurance tasks, additional guidance is provided around ensuring that rationale statements explain and justify

the item being rated. They review for basic errors, applicability errors, item specific errors, and cross-item discrepancies.

Inter-Rater Reliability

The Child and Family Services Review Team members engage in periodic inter-rater reliability exercises to promote consistent rating across Texas. A formal inter-rater reliability exercise is conducted by the entire team on an annual basis. This will include curriculum that address expectations of regarding writing high- quality rating rationale statements, policy updates that affect relevant items on the OSRI, consistency in ratings and the quality assurance process.

Cases used for inter-rater reliability are either mock cases provided in OMS or cases/scenarios developed by CFSR State Office Program Specialists or actual cases from the quarterly sample that have not been read by an individual Quality Assurance Specialist. Case file information and stakeholder information is included in either scenario. If the case is a mock case, the author provides a summary of what was found in the case file and what information is gained from stakeholder interviews. If the case is an actual case, CFSR State Office Program Specialists review the file and share the information found either through a summary or through scanning and emailing the file. They also conduct the stakeholder interviews and provide a summary of the information received. The entire team can provide questions for the stakeholders before the interviews take place in this scenario.

After reviewing the cases/scenarios, the team comes together to debrief the cases and discuss any rating differences that may occur. The team uses the On-Site Review Instrument definitions and instructions to come to an agreement of how the team will rate similar situations in other cases. The team is informed of how each Item scored on inter-rater reliability agreement. The team often develops new Frequently Asked Questions from the inter-rater reliability trainings.

An inter-rater reliability debriefing will occur during a team meeting. A scenario of each case is given and then the CFSR State Office Program Specialists lead the team through each Item and the team shares their ratings.

The team also has monthly calls where inter-rater reliability discussions are held from cases from the current sample. Throughout the quarter Quality Assurance Specialist and Quality Assurance Leaders staff and discuss case situations and ratings. Frequently the Quality Assurance Leader will include CFSR State Office Program Specialists into the discussions for inter-rater reliability consistency. These discussions will often be added to the monthly team call to ensure the entire team is aware of the case scenario and the guidance on how to rate. Team call minutes are produced from each call and distributed to the team. The team FAQ list is updated with these discussions as needed.

Further inter-rater reliability is achieved through the ongoing quality assurance process described earlier in this manual. Ongoing and varied inter-rater reliability exercises provide staff with clarification on how to interpret the federal guide and apply ratings consistently to the cases to measure case Outcomes. They also enhance consistency in rating across all regions of the state.