



TEXAS
Department of Family
and Protective Services

Report on Foster Care Capacity Improvement

**As Required by
the 2022-23 General Appropriations Act,
Senate Bill 1,
87th Legislature, Regular Session, 2021
(Article II, DFPS, Rider 57[e])**

September 1, 2022

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Executive Summary

The 87th Legislature appropriated \$70 million in general revenue (GR) to the Department of Family and Protective Services (DFPS) through the 2022-23 General Appropriations Act, Senate Bill (S.B.) 1, 87th Legislature, Regular Session, 2021 (Article II, DFPS, Rider 57[a]), for capacity stabilization funding to provide supplemental payments to retain providers and increase provider capacity. An additional \$20 million in GR was appropriated for the biennium for targeted foster care provider capacity grants in the 2022-23 General Appropriations Act, Senate Bill (S.B.) 1, 87th Legislature, Regular Session, 2021 (Article II, DFPS, Rider 57[b]). These funds must be implemented in coordination with the Community-Based Care (CBC) Capacity funds provided in the 2022-23 General Appropriations Act, Senate Bill (S.B.) 1, 87th Legislature, Regular Session, 2021 (Article II, DFPS, Rider 51) and (Article II, Special Provisions Relating to All Health and Human Services Agencies, Section 26) development of new Foster Care Rate Methodology.

This report identifies specific efforts DFPS has implemented with the funding appropriated by Rider 57 (a) and the effect of those efforts on improving statewide foster care capacity. The report includes an update on the expenditure of the supplemental payments to providers, as well as remaining unexpended balances expected plans for expenditure of any additional funds from the appropriations. It also includes an update on capacity building grants and the procurement for services to increase capacity. Finally, the report includes updates for Rider 51 CBC Capacity appropriations in compliance with rate methodology requirements.

Background

The 85th and 86th Legislatures increased appropriations for existing foster care, as well as expanded the service continuum to better meet the needs of children in foster care. See Table 1 for detailed appropriations. Examples include the establishment of Treatment Foster Family Care (TFFC) and Supervised Living Enhanced Case Management services.

Table 1. Foster Care Rate Increases for Fiscal Years 2018-21

Biennium	GR and GR Dedicated	All Funds
2018-19	\$40,929,296	\$85,387,663
2020-21	\$9,112,992	\$12,027,391

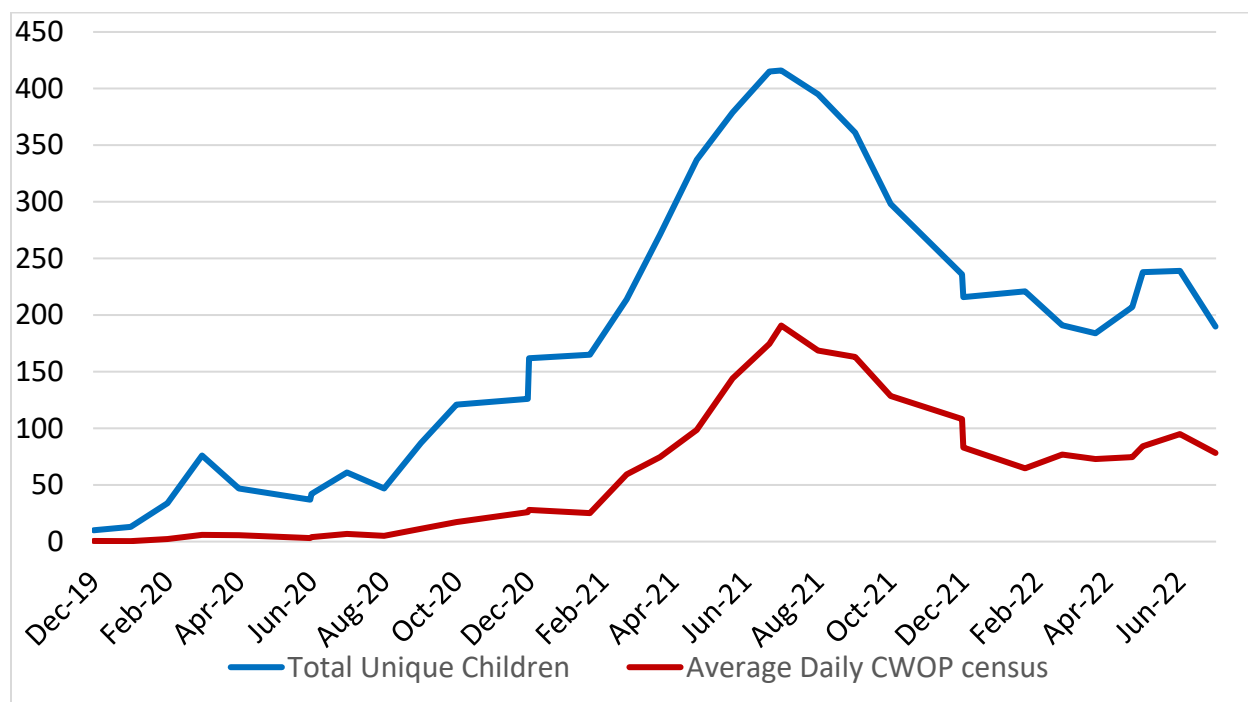
S.B. 11, 85th Legislature, Regular Session, 2017, required DFPS to produce an annual Foster Care Capacity Needs Assessment. The purpose of this assessment is to use forecast data to project what capacity will be needed in each area of the state to meet the demands of children coming into care. The Child Protective Services (CPS) regional directors use the findings of this assessment to collaborate with local stakeholders to develop a local capacity plan designed specifically to meet the needs of children from the area.

Systemically, DFPS has used information from the needs assessment to inform foster care continuum development and policy changes, as well as to identify areas to incentivize through performance measures in residential child care (RCC) contracts. Examples of these efforts include DFPS expanding the age of children eligible for TFFC from 0-10 years old to 0-17 years old and providing financial incentives to providers for placements of older children and sibling groups in foster family home settings through the RCC contract.

The current [Foster Care Needs Assessment](#) can be found posted on the DFPS public website. Through use of the Foster Care Needs Assessment and resulting plans, DFPS has been in a better position to strategically develop capacity. The foster care system's increased stability was positively impacted by the utilization of the Foster Care Needs Assessment, the addition of new foster care services to the continuum, and the appropriation of provider rate increase funding by the 85th and 86th Legislatures. In September 2017, the number of Children Without Placement (CWOP) dropped to a historical low and remained relatively stable with only seasonal spikes until about March 2020.

Over the past two years, the foster care system has been challenged leading to a substantial increase in the number of children in CWOP under DFPS staff supervision. Children impacted most by the current capacity challenges tend to be teenagers between the ages of 15-17 years old with service levels of Specialized and Intense. Figure 1 tracks the number of children in CWOP since fiscal year 2019.

Figure 1. CWOP Trends from December 2019 through July 2022



There are several contributing factors to the CWOP increase under DFPS supervision during fiscal year 2021, during quarters 1 and 2:

1. Effect of COVID-19

The effect of COVID-19 has been far-reaching and continuous, impacting children, families, DFPS staff, the courts, advocates, service providers, and community partners. As mitigation efforts to prevent the spread of COVID-19 intensified, conventional child placement processes had to be quickly and dramatically altered which had adverse implications for existing capacity.

As schools and childcare centers shut-down at the onset of COVID-19, foster and kinship caregivers began to care for children and youth full-time while navigating newly complicated work and home life schedules. These caregivers, as well as residential providers, had to assess their individual situations, which sometimes disrupted their ability to accept new children in their homes and programs.

The COVID-19 pandemic also impeded the recruitment of new foster and kinship families. Child placing agencies (CPAs) had to reevaluate how to conduct screenings and provide necessary trainings to prospective families. Some families chose to halt their involvement as they tended to their own personal and family needs, which impacted their ability to care for others. The impact of COVID continues, as providers struggle to hire and maintain staff to

meet the needs of child in DFPS conservatorship. Providers are functioning at decreased capacity with staffing shortages.

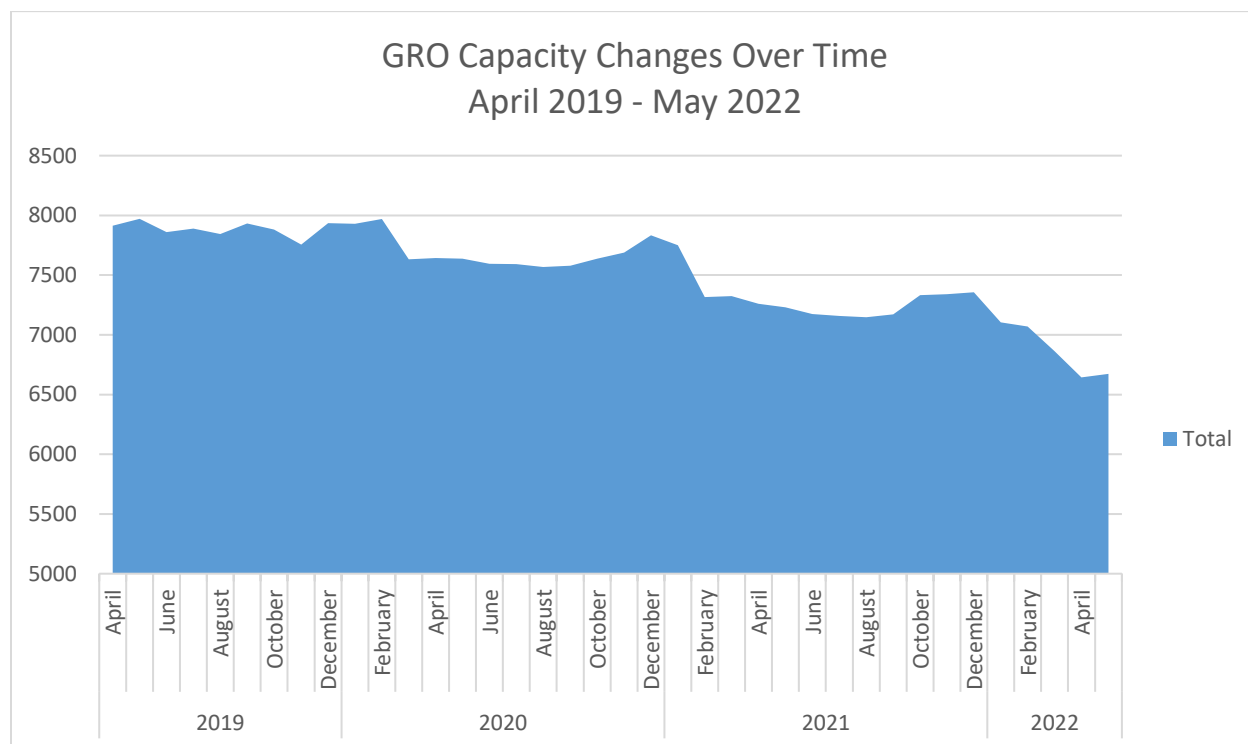
2. Reduction in treatment capacity for children with exceptionally high needs across the foster care continuum

While there was an increase in the total number of Residential Treatment Center (RTC) providers, there was an overall reduction in the number of treatment beds available to children in DFPS conservatorship during state fiscal year 2020. This has impacted the length of time it takes for an opening to become available for children requiring residential treatment intervention.

Several providers who offered Intense Psychiatric Treatment Programs, high-end Specialized, and Intense-only services, came off-line in fiscal year 2020 and early fiscal year 2021. This reduction has impacted accessibility to treatment services for children with a history of runaway behavior, self-harm, and sexual/physical aggression.

For RTCs, capacity has been impacted significantly since the beginning of fiscal year 2021. Figure 2 shows the General Residential Operation (GRO) capacity changes over the past three years.

Figure 2. GRO Capacity from April 2019 to March 2022



Source: DFPS DRIT 105150, 105972, 106301

3. GRO and CPA providers have been financially impacted as they pivot to adjust to new models of care

During the height of the pandemic, providers reported a decrease in community outings and volunteer services in addition to a reduction in fundraising efforts for services to augment the cost of care. There were new, unforeseen costs related to virtual schooling, day care closures, and challenges with maintaining staff to ensure appropriate care and supervision.

Providers have also reported increased administrative costs as a result of implementing new practices and processes required to ensure compliance with DFPS requirements.

Residential providers report concern with admitting children and youth in DFPS conservatorship into their placements because of the lawsuit, including expressing fear of being placed on Heightened Monitoring if incidents with these children occur. This is believed to have negatively impacted existing, as well as new capacity.

24-Hour RCC Reimbursement Rates

The Texas Health and Human Services Commission (HHSC) developed the following payment rates in Tables 2-5 for the 24-Hour RCC (Foster Care) program operated by DFPS. HHSC authorized DFPS to implement these recommended payment rates effective September 1, 2019.

Table 2. 24-Hour RCC Rates

Service Level	Type of Care	Rate
Basic	CPA	\$49.54
	Foster Family	\$27.07
	GRO (excluding Emergency Shelters)	\$45.19
Moderate	CPA	\$87.36
	Foster Family	\$47.37
	GRO (excluding Emergency Shelters)	\$108.18
Specialized	Child Placing Agency	\$110.10
	Foster Family	\$57.86
	GRO (excluding Emergency Shelters)	\$197.69
Intense	CPA	\$186.42
	Foster Family	\$92.43

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Service Level	Type of Care	Rate
	GRO (excluding Emergency Shelters)	\$277.37
Intense Plus	GRO/RTC	\$400.72
Other	GRO/Emergency Care Services (ECS)	\$137.30
	Intensive Psychiatric Transition Program (IPTP)	\$374.33
	TFFC - Agency	\$277.37

Table 3. Minimum Daily Amount to be Reimbursed to a Foster Family *

Service Level	Payment Rate
Basic	\$27.07
Moderate	\$47.37
Specialized	\$57.86
Intense	\$92.43
TFFC	\$137.52

* Effective September 1, 2017, the amounts above are the minimum a CPA must reimburse its foster families for clients receiving services under a DFPS contract.

Table 4: Supervised Independent Living

Service Level	Type of Care	Payment Rate
Host Home Setting	Young Adult Only	\$35.21
	Young Adult plus one Child	\$47.29
	Enhanced Case Management*	\$47.54
Non-College Dorm Setting	Young Adult Only	\$45.17
	Young Adult plus one Child	\$57.25
	Enhanced Case Management*	\$47.54
College Dorm Setting	Young Adult Only	\$43.56
	Young Adult plus one Child	\$51.82
Apartment or Shared Housing Setting	Young Adult Only	\$45.17
	Young Adult plus one Child	\$57.25
	Enhanced Case Management*	\$47.54

* New services effective June 1, 2020. Enhanced Case Management services are not provided in college dorm settings.

Table 5. DFPS Provider Rate Increase History

Program and Service	Date of Last Increase	Percentage Increase
24-Hour RCC		
CPA - Basic	9/1/2019	2.21
CPA Retainage	9/1/2019	5.00
Foster Family Pass Through	9/1/2017	17.19
CPA Total Payment Rate - Moderate	9/1/2019	2.22
CPA Retainage	9/1/2019	4.99
Foster Family Pass Through	9/1/2017	17.14
CPA Total Payment Rate - Specialized	9/1/2019	0.94
CPA Retainage	9/1/2019	1.99
Foster Family Pass Through	9/1/2017	11.29
CPA Total Payment Rate - Intense	9/1/2015	0.00
CPA Retainage	9/1/2015	0.01
Foster Family Pass Through	12/1/2011	4.30
TFFC Total Payment Rate	9/1/2017	New Service
CPA Retainage	9/1/2017	New Service
Foster Family Pass Through	9/1/2017	New Service
GRO/RTC		
24RCC GRO/RTC		
Basic	9/1/2013	7.14
Moderate	9/1/2019	5.00
Specialized	9/1/2019	5.00
Intense	9/1/2017	7.09
Intense Plus	9/1/2017	New Service
Other		
24RCC Emergency Shelter	9/1/2019	6.00

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Program and Service	Date of Last Increase	Percentage Increase
Intensive Psychiatric Transition Program (IPTP)	9/1/2017	New Service
Temporary Emergency Placement (TEP)	9/1/2017	New Service
Supervised Independent Living		
Host Home Setting		
Young Adult Only	9/1/2019	5.01
Young Adult plus Child	9/1/2019	5.02
Non-College Dorm Setting		
Young Adult Only	9/1/2019	5.00
Young Adult plus Child	9/1/2019	5.01
College Dorm Setting		
Young Adult Only	9/1/2019	4.99
Young Adult plus Child	9/1/2019	5.01
Apartment or Shared Housing Setting		
Young Adult Only	9/1/2019	5.00
Young Adult plus Child	9/1/2019	5.01
Supervised Independent Living - ECM	6/1/2020	New Services

Utilization of Appropriations

Of the nearly \$123 million appropriated by the 87th Legislature, the amount of \$72.1 million was appropriated to DFPS for the 2022-23 biennium for the purpose of providing supplemental payments to retain providers and increase provider capacity. The amount of \$35 million from Rider 57(a) was planned to be spent annually with unexpended balance carry over allowed for fiscal year 2023 to continue the supplemental payments.

Texas has encountered a drastic shortage in therapeutic services for children and youth who have been victims of abuse or neglect with high acuity needs. DFPS was appropriated \$20 million in GR from Rider 57(b) in fiscal year 2022 for the purpose of providing statewide targeted foster care capacity grants to address the existing foster care capacity shortage. The grants focused on:

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- Serving children with the highest level of need;
- Expanding certain types of placements and bringing new providers and capacity online; and
- Promoting long-term viability of child placements.

The amount of \$39.5 million appropriated by Rider 57 was spent in coordination with Rider 51 appropriations, and beginning with fiscal year 2022, must be spent in compliance with rate methodology requirements outlined in Special Provisions, Section 26.

Supplemental Payments

The 87th Legislature also provided a long-term strategy for the expansion of quality capacity by directing a comprehensive rate methodology modernization project. DFPS is working to implement requirements of Special Provisions, Section 26, which requires DFPS and HHSC to jointly develop an alternative reimbursement rate methodology for foster care for consideration by the 88th Legislature. The legacy system and CBC are dependent on the foster care rate structure to reimburse contractors and providers for the care of children in conservatorship, and the 87th Legislature provided funds for temporary rate increases while the work required of Special Provisions, Section 26 is conducted. For the 2022-23 biennium, the 87th Legislature allocated funding to the foster care system through three general avenues: base appropriations in the General Appropriations Act, Rider 51 supplemental funding, and Rider 57 additional supplemental funding.

In accordance with direction in House Bill 5, 87th Legislature, Second Called Session, 2021, DFPS made the decision to provide rate supplements for all paid foster care days with a Moderate level of care or above to increase capacity after consultation with stakeholders. DFPS utilized the projected paid foster care days for the legacy and CBC catchments to determine the maximum amount of supplemental payment which would expend the available funding. It was determined that an 11.5 percent increase to the legacy levels of care and the resulting impact on the CBC blended rates would expend the available \$70 million appropriations with minimal input from Rider 51 (approximately \$2 million). Tables 6 and 7 demonstrate the resulting rates for legacy and CBC providers.

The following key assumptions are related to all supplemental payments in both legacy and CBC regions:

- Supplemental payments are provided consistently for all Moderate and above settings per child, per day in both legacy and CBC.
- The supplemental payments began in November 2021 with the regular foster care payment cycle and was retroactive to September 1, 2021.
- Supplemental payments may need to be adjusted to remain within appropriated amounts.

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- As new catchment areas rollout, additional funding will shift from the legacy system to the new CBC areas for provider rate increases from Rider 57. If CBC catchment areas rollout according to the implementation schedule, DFPS estimates \$5 million would move to CBC areas.

Payments were made by temporarily adjusting the rate amount paid to providers effective September 1, 2021. Residential providers received payment for the month of service October 2021 via the routine payment of rates and received the appropriate amount of additional funding for month of service September 2021 through supplemental invoices.

Table 6. Current Provider Rates Summary

Provider Type	Level of Care	Current Legacy Rates	Supplemental Add On	Total Payments
CPA	Basic	\$49.54	N/A	\$49.54
	Moderate	\$87.36	\$10.05	\$97.41
	Specialized	\$110.10	\$ 12.66	\$122.76
	Intense	\$186.42	\$21.44	\$207.86
	Treatment Foster Care	\$277.37	\$31.90	\$309.27
GRO/RTC	Basic	\$45.19	N/A	\$45.19
	Moderate	\$108.18	\$12.44	\$120.62
	Specialized	\$197.69	\$22.73	\$220.42
	Intense	\$277.37	\$31.90	\$309.27
	Intense Plus	\$400.72	\$46.08	\$446.80
Intensive Psychiatric Program	—	\$374.33	\$43.05	\$417.38
Emergency Shelter	—	\$137.30	\$15.79	\$153.09
TEP	—	\$400.72	\$46.08	\$446.80

Table 7. Fiscal Year 2022 CBC Supplemental Provider Payments

Rate	Region			
	1	2	3B	8B
Current Blended Rate	\$83.05	\$85.72	\$88.04	\$83.05
Supplemental Add-On	\$6.11	\$6.31	\$6.48	\$6.22
Total	\$89.16	\$92.03	\$94.52	\$90.78

DFPS completed a provider survey to determine how DFPS-contracted RCC providers utilized the supplemental funding received during the fiscal year. Many respondents indicated that additional funds covered the higher cost of living due to inflation in the past year. The biggest financial concern for providers was staff recruitment and retention. Respondents indicated that the current labor market has made it harder to hire quality staff. Overall, respondents indicated that the funds were not enough and only offset rising expenditures by a fraction. Many respondents indicated they would have preferred increased foster care rates rather than a temporary payment.

Capacity Grant Funding

Rider 57 funded the DFPS request for capacity stabilization funding by appropriating \$70 million in GR to provide supplemental payments to retain providers and increase provider capacity and \$20 million in GR for targeted foster care provider capacity grants. These funds are required to be implemented in coordination with Rider 51 CBC Capacity funds and Special Provisions, Section 26 development of new Foster Care Rate Methodology.

Capacity Grants for Legacy System

A thorough review and analysis of data for children under DFPS supervision was conducted to identify common characteristics among the population, and this data was used to inform the department’s grant solicitation efforts to the target population. In order to be eligible to receive any amount of these grant funds, the provider had to identify how these funds would serve children with any of these characteristics:

- Under the age of 18 years old or young adults in extended foster care;
- Documented emotional diagnosis which must include severe mental and behavioral issues identified;
- Unsuccessful placements in lesser restrictive environments, such as foster homes and relative/fictive kinship placements;
- Multiple instances of being defined as a child without placement which is directly associated to their emotional and mental health needs and severe behavioral issues;
- Placed in and are being discharged from acute or sub-acute psychiatric hospital settings;

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- History of juvenile justice involvement;
- Emotional disorder diagnosis, including but not limited to, bipolar affective disorder, depression, post-traumatic stress disorder, reactive attachment disorder, disruptive mood dysregulation disorder or have a serious intellectual or emotional disability;
- Exhibition of child sexual aggression, sexual behavior problems, or sexual behavior disorder diagnosis;
- Displays of aggression/violence with serious behavioral disorders;
- Self-injurious behaviors; or
- Intellectual and developmental disabilities.

In order to determine how to best distribute the \$20 million to offer provider capacity building grants, DFPS determined that a flexible and creative approach to capacity improvement, enhancement, and creation was allowed for providers.

On May 6, 2022, through the combined efforts with DFPS and HHSC, a request for applications (RFA) solicitation posted on the HHSC Procurement and Contract Services website. This grant is in addition to the per child daily rate and the temporary supplemental payments, when applicable, also provided through Rider 57. The grants awarded as a result of this RFA are to provide financial support to residential providers in assisting with costs associated to addressing the existing foster care capacity shortage for youth in the target population.

Through the RFA, providers may have proposed any capacity building activity, as long as they can demonstrate how funding that activity would allow for additional children to enter appropriate placements.

Providers must have addressed capacity in their proposals in two ways: either through (1) strengthening and expanding existing capacity, including through increased admissions, or (2) creating additional new capacity. The proposal had to identify how the provider proposed to serve children with the above characteristics, the cost of the proposal (how the provider intended to use the funds requested), and the expected outcome or effect of the additional investment of grant funds, including how many beds will be created or placements are anticipated to be accepted.

DFPS considered grant proposals in varying sizes with a range of eligible awards, up to \$1 million each, which are creative and innovative in approach and provide specific details of potential projects that help fill current gaps in services.

In order to ensure DFPS staff is available for appropriate responsiveness to HHSC and completion of the additional administrative functions necessary to distribute, manage, and oversee these funds, DFPS reserved 5 percent or \$1 million of the \$20 million to fund temporary positions to assist in distribution efforts, specifically:

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- One CPS program specialist to assist in capacity building efforts, serve on procurement evaluation team, ensure compliance with provider capacity building proposals in coordination with DFPS' Purchased Client Services (PCS) section and provide technical assistance to grantees as they implement capacity building projects;
- One budget analyst or accountant to assist with manual payments and serve on the procurement evaluation team;
- One data analyst to assist CPS in determining capacity needs and serve on the procurement evaluation team to ensure funded projects are consistent with statewide capacity needs assessment; and
- Three PCS contract specialists at state office to provide oversight of and draft and negotiate new contracts.

This solicitation closed on June 20, 2022. Providers were allowed to request up to \$1 million to support their individual plans to expand capacity over a three-year period, submit detailed plans to serve children who are without placement, have a history of being without placement, and/or have characteristics of children without placement, if awarded the grant.

The grants will be awarded in September 2022.

Capacity Grants for Community-Based Care

The Foster Care Rate Modernization appropriation and S.B. 1896, 87th Legislature, Regular Session, 2021, requires HHSC, DFPS, and each Single Source Continuum Contractor (SSCC) to develop a plan to increase placement capacity such that youth remain in their community of origin. The plan must include contingencies for reserve capacity to serve youth whose placement is impacted by contractual or regulatory actions or who are otherwise without an appropriate placement. The 87th Legislature provided immediate support to build quality and placement capacity in regions where CBC has been implemented by appropriating \$34.8 million for temporary rate increases, awarding incentive payments to providers showing improvement on performance measures, and through provider grants.

From the \$20 million authorized for capacity building, \$16,451,202 was allocated for capacity-building grants in fiscal year 2022. A detailed breakdown of the capacity funds allocated to SSCCs is shown in Table 8.

Table 8. SSCC Capacity Funding November 2021 to June 2022

Region	November 2021	December 2021	March 2022	June 2022	Disbursed to Date
1	\$2,117,127.00	\$705,850.14	\$705,850.14	\$705,426.72	\$4,234,254.00
2	\$2,092,769.50	\$697,729.35	\$697,729.35	\$697,310.80	\$4,185,539.00
3W	\$2,641,458.50	\$880,662.26	\$880,662.26	\$880,133.97	\$5,282,917.00
8B	\$1,012,318.50	\$337,506.99	\$337,506.99	\$337,304.52	\$2,024,637.00

Capacity Building Efforts

Saint Francis Community Services in Texas, Inc. (Region 1, Panhandle)

During fiscal year 2022, Saint Francis Community Services in Texas (SFCS), while also preparing for its Stage II Go Live on March 2, 2022, has increased residential capacity in the Panhandle by increasing therapeutic residential beds. Capacity efforts include building an Intense residential treatment program to meet the criteria as a Qualified Residential Treatment Program.

SFCS continues to focus on funding treatment foster care programs, kinship support certification, and network development. This includes working to stabilize SFCS’s partner network in the Panhandle. SFCS also continues to focus on improving kinship services and keeping sibling groups together and local to further build and maintain capacity in the Panhandle. In continued efforts to preserve, build, and create new capacity, SFCS initiated a campaign called “It Takes Everything” for 41 counties in its region to increase the number of families providing kinship support, as well as retain and recruitment local partners. SFCS is also using kinship funding to provide incentives to network providers that can keep sibling groups together.

2INGage (Region 2, Big Country and Texoma)

2INGage’s capacity efforts include creating additional emergency bed contracts with current and new providers to help eliminate CWOP in the Big Country and Texoma Region. To make this plan successful, 2INGage increased rates paid for emergency shelter placements and added performance incentives for network providers.

Our Community Our Kids (Region 3W, Metroplex West)

Our Community Our Kids (OCOK) is working to expand kinship and reunification services by designing specific plans for the Big Country and Texoma and Metroplex West Regions. Requests for information (RFIs) were posted and responses to the RFIs are currently being reviewed by SSCCs. The goal is for these service enhancements to increase the success of youths placed in kinship care.

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To stabilize the foster care workforce, OCOK is identifying essential skills and competencies needed for permanency specialists and supervisors. Training for new and existing supervisors is being created with a goal of certifying permanency supervisors within six to eight months of the training program start date. Specialized trainings for permanency specialist and supervisors on topics such as ethics, observation, and case review are expected to be available in Fall 2022.

To build and expand capacity for higher-needs youth in the Metroplex West Region, OCOK contracted with Rites of Passage Yellow Canyon Academy, a new provider, which will provide care for teens with complex needs.

OCOK also began hosting in-person events with partner Hope Local on foster home recruitment with a heightened focus on therapeutic foster homes. Held in churches, these events are designed to recruit quality foster parents and bring together those in the community who care for children in the community. Local partners, such as CASA, clothing closet representatives, and other community supports attend to share the work they do for children. Therapeutic foster parents highlight their experiences and share the joy of helping children as they progress through their journey of healing with a goal of recruiting more families willing to become foster parents to higher-needs adolescents.

Belong (Region 8B, South Central and Hill Country)

To preserve, strengthen, and build capacity to meet the needs of children in care in the South Central and Hill Country Region, Belong is building a holistic treatment model, centered around supportive behavioral and mental health services for children and families. In the short amount of time it has been in operation¹, Belong has contracted with more than 118 providers and 160 programs in network and engaged in several activities to build and preserve capacity, including:

- Developing a treatment foster care model in the South Central and Hill Country Region in collaboration with Chosen that provides in-home services for kinship, adoptive, and foster families with a focus on the child reaching permanency and mitigating placement disruptions;
- Expanding its internal prevention department to serve South Central and Hill Country Region kinship families at risk of their child entering foster care, or any family needing additional support to successfully parent their children;
- Engaging other support services, such as Renewing Family Strengths and Southwest Key Programs, to prevent placement disruption;
- Selecting Touchstone Alliance through a request for proposal (RFP) to open a new stabilization and assessment center in collaboration with Belong, which is an intense residential treatment program and RTC for child sexual aggression; and

¹ Belong's first day of CBC Stage I was October 27, 2021.

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- Collaborating with South Texas Alliance for Orphans to target the faith community for recruitment foster homes for of teens.

Belong's crisis stabilization program will shift service delivery to youth with the highest needs through its partnership with Touchstone Alliance. This will provide 16 beds for youth requiring an acute level of treatment with the goal of stabilizing youth prior to their placement in a less restrictive setting.

Belong is actively sending referrals to Chosen to provide in-home support services to families. Listed below are some of the outcomes achieved through the treatment foster care contract between Chosen and Belong.

- Chosen processed 51 referrals and 28 families received services under the treatment foster care program during fiscal year;
- 122 behavioral support and parent coaching sessions completed;
- 20 trauma responsive action plans created and implemented;
- 104 weekly action plans created and implemented; and
- Other stabilization and permanency services implemented and completed by children and families receiving assistance from Chosen.

Combined SSCC Capacity Building Efforts

To meet the needs of higher-needs youth, SSCCs began engaging top national foster care programs. The SSCCs were able to complete 13 new contracts with out-of-state providers. Additionally, one provider expanded operations into Texas.

To expand and build capacity for higher-needs youth with an initial focus on residential treatment, sex-offender treatment, and stabilization and assessment programs, SSCCs released three RFPs for residential services and received 12 proposals in response. SSCCs chose Vision Quest and Southwest Key to build facilities for higher-needs youth. Vision Quest's proposal includes creating a treatment facility in the Fort Worth area for youths classified as sexually aggressive. Southwest Key proposes opening a 16-bed residential treatment program in the Dallas-Fort Worth area. Vision Quest and Southwest Key are having difficulty locating appropriately zoned and sized property at an affordable price point. The goal is for the treatment facilities to begin accepting placements by September 1, 2022.

Specialized consultation and support programs for SSCCs are being developed to enable SSCCs' provider networks to strengthen services and build and maintain placement capacity. The Texas Center for Child and Family Studies (TCCFS), the supporting organization of the Texas Alliance of Child and Family Services (TACFS), partnered with SSCCs to:

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- Help SSCCs improve safety enhancements and reduce risks; and
- Conduct a qualitative assessment of each SSCC's provider's operations to identify perceived causes of capacity challenges and develop useable strategies for SSCCs to support providers.

TCCFS research and evaluation team conducted a qualitative, mixed-method study to collect data from providers to assess:

- Perceived causes of unplanned placement changes;
- Common behaviors that lead to placement disruptions; and
- Tangible changes or supports SSCCs can offer to providers to stabilize placements, build capacity, and enhance service quality.

With the assistance of TCCFS and Praesidium, SSCCs delivered a package of safety-related trainings and resources to legacy and CBC providers designed to mitigate risks and ensure maximum safety for children in care.

In addition, TCCFS partnered with SSCC's to provide trainings through Praesidium's organizational self-assessment training series designed to mitigate and reduce risks, support safety enhancements, and ensure maximum safety for children in care. SSCCs' network providers were invited to attend two additional Praesidium trainings, bystander intervention and a virtual safety training for leaders, which occurred April 6 and 12, 2022, respectively.

To increase foster home capacity in each SSCC's region, TACFS and Daley Solutions developed and launched a recruitment blitz website in collaboration with the SSCCs. TACFS completed a video shoot on February 4 and 7, 2022, for the recruitment blitz. Each SSCC submits monthly targeted capacity plans and advertisements are for specific zip codes in each SSCC's region.

Creating the recruitment blitz website gives SSCCs the opportunity to:

- Share foster care resources with the community;
- Recruit local partners;
- Recruit, license, and retain foster families;
- Make referrals to SSCC Texas provider networks; and
- Track the status of referrals.

The recruitment blitz generated 195 leads in its first month and 14 percent of those families who showed interest in being a foster parent completed orientation. TACFS is conducting follow-ups on leads who may have additional questions before making the final decision to be a foster parent. Changes were made to the recruitment blitz website to increase the number of families who may be interested in becoming a foster parent. SSCCs want to ensure they are receiving

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good traffic and follow through from all areas of the communities especially rural families who may be interested in becoming a foster parent.

To improve and expand kinship and reunification services in each SSCC region, the SSCCs released a RFI for kinship review services. In response to the RFI, SSCCs received four proposals. The SSCCs chose A Second Chance, Inc. (ASCI), based out of Pittsburg, Pennsylvania, to provide assessment and consulting services. ASCI's assessment will focus on determining strengths, weaknesses, biases, and other impacts on kinship in each SSCC's region. Improving kinship and reunification services and reducing recidivism for children in care will allow SSCCs to create new avenues for capacity, as well as and improve upon existing ones. ASCI conducted the assessment and has issued its observations to each SSCC.

After receiving ASCI's assessment, OCOK partnered with the Rees-Jones Foundation to add more positions to perform family finding, home studies, and other duties to place children in kinship homes quickly and safely. In addition, OCOK implemented pilot programs focused on finding family immediately upon a child's removal. These efforts are being made to not only locate kinship families and safely place children with them, but also to support those families while the children are in the caregivers' homes.

SSCCs are working diligently to use capacity building funds to build capacity for the Texas foster care system and improve every child's experience and success while in care.

Conclusion

Over the past two years, Texas has seen a substantial increase in the number of children in CWOP under DFPS staff supervision. Children impacted most were identified as teenagers age 15 to 17 years old receiving Specialized and Intense levels of care.

In response, DFPS made temporary provider rate adjustments to legacy and CBC providers in fiscal year 2022 through appropriated funds used for supplemental payments to retain providers and increase provider capacity; a long-term strategy for the expansion of quality capacity by directing a new comprehensive Foster Care Rate Methodology project; and targeted foster care provider capacity grants. Additionally, procurement activities have been underway for both DFPS and the SSCCs. DFPS awarded capacity building grant funds to the four SSCCs and is anticipating the announcement of capacity building grants for legacy providers in September 2022. In addition to individual efforts, the SSCCs collaborated to award two residential services contracts and a kinship review services contract in fiscal year 2022 and contracted for specialized consultation and support programs to enable SSCCs' provider networks to strengthen services and build and maintain placement capacity.

List of Acronyms

Acronym	Full Name
ASCI	A Second Chance, Inc.
CBC	Community Based Care
CPA	Child Placing Agency
CWOP	Children Without Placement
DFPS	Department of Family and Protective Services
ECM	Enhanced Care Management
ECS	Emergency Care Services
GR	General Revenue
GRO	General Residential Operation
HHSC	Health and Human Services Commission
IPTP	Intensive Psychiatric Transition Program
OCOK	Our Community Our Kids
PCS	Purchased Client Services
RCC	Residential Child Care
RFI	Request for Information
RFA	Request for Applications
RTC	Residential Treatment Center
S.B.	Senate Bill

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Acronym	Full Name
SFCS	Saint Francis Community Services in Texas
SSCC	Single Source Continuum Contractor
TACFS	Texas Alliance of Children and Family Services
TCCFS	Texas Center for Child and Family Studies
TEP	Temporary Emergency Placement
TFFC	Treatment Foster Family Care